VETERANS ADMINISTRATION PROGRAMS IN MISSISSIPPI AND IMPLEMENTATION OF PUBLIC LAW 97–37, THE FORMER PRISONERS OF WAR BENEFITS ACT OF 1982

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

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VETERANS' ADMINISTRATION PROGRAMS IN MISSISSIPPI AND IMPLEMENTATION OF PUBLIC LAW 97-37, THE FORMER PRISONERS OF WAR BENEFITS ACT OF 1982

TUESDAY, MARCH 29, 1983

House of Representatives,
Subcommittee on Oversight and Investigations,
Committee on Veterans' Affairs,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in room 216, New Capitol Building, Jackson, Miss., Hon. G. V. "Sonny" Montgomery (chairman of the subcommittee) presiding.

Present: Representatives Sundquist, McEwen, Hillis, Hammerschmidt, Evans, and Rowland.

OPENING STATEMENT OF CHAIRMAN MONTGOMERY

Mr. Montgomery. Ladies and gentlemen, the Committee on Veterans' Affairs' Subcommittee on Oversight and Investigations hearing will come to order.

I would like to begin by welcoming you all here today. I am Congressman Sonny Montgomery from this good State of Mississippi, and chairman of the Committee on Veterans' Affairs as well as chairman of this subcommittee. Joining me here today in Jackson is the full committee ranking minority member, John Paul Hammerschmidt of Arkansas; Democratic Congressmen Lane Evans of Illinois and J. Roy Rowland of Georgia; and Republican Congressmen Elwood Hillis of Indiana, Bob McEwen of Ohio, and Don Sundquist of Tennessee. In addition, State Senator Edgar H. Overstreet, chairman of the Senate Military Affairs Committee, and State Representative Jimmy Morrow, chairman of the House military affairs committee, will sit with us during this hearing. We are most appreciative that these two busy gentlemen could be here with us. Later on during the hearing, we hope that Lt. Gov. Brad Dye, president of the Mississippi Senate, and Buddie Newman, speaker of the House, will be able to spend a moment with us to get acquainted with our members and learn of the issues of concern to Mississippi veterans.

The hearing today will center around three issues which are of great interest to the committee. They are:

The admitting practices and the quality of health care delivered by the Veterans' Administration hospital.

The Jackson VA hospital spends approximately $44 million each year providing health care to the State's veterans. We are interested in hearing from our witnesses if this money is spent wisely and effectively.

Second, the performance of the Department of Veterans' Benefits regional office in the handling of compensation and pension claims, housing loans, and educational benefits.

The funds for these programs for fiscal year 1982 amounted to almost $245 million for the State.

Lastly, we are interested in learning if the provisions of Public Law 97-37, the former Prisoners of War Benefits Act of 1981, are being implemented properly. We are also interested in learning if the VA's advisory committee on former prisoners of war recommendations made at the conclusion of their September 1982 meeting are being considered by local VA authorities.

Our witness agenda today includes State commanders of several veterans' organizations, the president of the Veterans' Affairs Commission of Mississippi, the head of the Mississippi Vietnam veterans leadership program, as well as the directors of the VA medical center and regional office and certain of their officials.

Upon completion of this hearing, we will be going to Biloxi to obtain additional testimony from witnesses from the gulf coast area.

These hearings are very important to us, and I encourage the witnesses to tell us what they feel so we can go back to Washington and make better legislative decisions.

At this time, we would like to hear from Senator Overstreet, chairman of the senate military affairs committee of the State of Mississippi, and State Representative Jimmy Morrow, who are at the witness table, whom we have invited to be here this morning. We would like to hear from you by seniority.

The Chair will recognize Mr. Morrow.

STATEMENT OF HON. JIMMY MORROW, CHAIRMAN OF THE MILITARY AFFAIRS COMMITTEE OF THE STATE LEGISLATURE OF MISSISSIPPI

Mr. MORROW. Thank you, Mr. Chairman. I always yield to the Senators, but Mr. Chairman, and gentlemen of the committee, we certainly are glad to have you here in Mississippi. I have been chairman of military affairs in the house for 20-some odd years, and a member of the house of representatives here for 2 years. I have always been particularly interested in the work of the Committee on Veterans' Affairs in Washington. We are very proud of the work that you gentlemen do. I would like to thank each one of you.

I myself am a service connected-veteran from World War II. I have had occasion to have the services of the VA here in Jackson all the way back to the old Army Hospital out on West Capitol Street, and happen to have played a part in the facilities that we now have out on Woodrow Wilson. They are very good facilities. I would like personally to tell you that we are very pleased with the work that you have just completed out there on the renovation and the enlargement. It used to be real crowded, too crowded. A lot of the veterans would feel that they were crowded in. But with these new facilities that we have out there, I can tell a big difference.

I was out a month or so ago on a re-evaluation. I could tell the difference, not only in the employees' attitudes in their jobs, but also the veterans themselves. I am sure that we have got little pockets of problems. You are always going to have it in a big operation such as this, but I can see in the last several years here a vast improvement in the services of the Jackson VA Center.

I don't know whether it is administration or what, but I want to thank you, and I know that as a county service officer with the American Legion for many years in my home county, and contacting the local governments, that we have gotten good service from the VA here in Jackson, and I think that a large part of the credit is due to the administration out there on the local level, and you gentlemen in Washington, furnishing the funds and the know-how in Washington to get the job done, and we deeply appreciate it, Mr. Chairman.

Mr. **Montgomery**. Thank you, Chairman Morrow.

The Chair would like to recognize the other gentleman, chairman of the senate military affairs committee here in the State of Mississippi, Senator Overstreet.

STATEMENT OF HON. EDGAR OVERSTREET, CHAIRMAN OF THE SENATE MILITARY AFFAIRS COMMITTEE, STATE LEGISLATURE OF MISSISSIPPI

Mr. **Overstreet**. Mr. Chairman, I would like to let all of you Congressmen know how much we appreciate your being in the State of Mississippi, and how concerned we are with military affairs. I understand that this is one of the largest, if not the largest committee to ever be in the State of Mississippi, and we feel honored by your being here.

I don't have a speech to make. I have only been chairman of the military affairs committee for a year, but the chairman that you have with you has worked with us 100 percent, and I would like to thank you for taking the time out to spend in Mississippi, and we want to welcome you back, and we really appreciate all of you people being in our new capitol in the State. We want you to visit us again, and feel free to call on us for anything that we can do for you.

Thank you.

Mr. **Montgomery**. Thank you very much, and we appreciate you being here this morning. If we have the opportunity, we will recess in 30 minutes, and I will bring my colleagues to the House and Senate. We would like for them to be introduced to the State legislature.

Mr. **Overstreet**. I will be in the Speaker's office.

Mr. **Montgomery**. Thank you.

We have an unusual custom in the House Veterans' Affairs Committee. We applaud our witnesses. Thank you for being with us. [Applause.]

Mr. **Montgomery**. Today we will look at the quality of health care delivered by the Veterans' Administration hospital. Second, the performance of the Department of Veterans' Benefits Regional

Office in the handling of compensation and pension claims, housing loans, and educational benefits. And finally we will look at the provisions of Public Law 97-37, the Former Prisoners of War Benefits Act of 1981, to see if it is being implemented properly.

Also, our witnesses will include State commanders of the various veterans organizations, the president of the Veterans Affairs Commission of Mississippi, the head of the Mississippi Vietnam veterans leadership program, as well as the directors of the VA Medical Center and the regional office, and some of their staff will be with them.

Then after the hearing this morning, we will go to the VA hospital here in Jackson. Then we will motor down to Biloxi and have a hearing there in the morning, and look at the VA hospital facilities on the Mississippi coast.

It is my privilege to recognize my good friend and colleague and the ranking minority member of this committee, the gentleman from Arkansas, John Paul Hammerschmidt.

Mr. Hammerschmidt.

STATEMENT OF HON. JOHN PAUL HAMMERSCHMIDT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ARKANSAS

Mr. **Hammerschmidt**. Thank you, Mr. Chairman.

At the outset, let me say how pleased all of us on the House Veterans' Affairs Committee are to be in the home State of the chairman of our committee, Sonny Montgomery, who is truly a man for all seasons, and a man for each of the 50 States of the Union when it comes to veterans affairs.

Our committee has a very basic responsibility with respect to some 28.5 million veterans and their dependents. We are a bipartisan committee. We consider it to be our duty to see to it that the laws of this Nation assure that the rights and privileges accorded to veterans are passed and then administered in a fair and equitable way.

Our chairman, Sonny Montgomery, has been the essence of good leadership and the very essence of fairness. I am sure I speak for all of us when I commend him in his home territory for his excellent stewardship. He is not only the leader of our committee, he is a friend of each of us, and we are most pleased to be here in Mississippi with him.

Mr. Chairman, as you have stated, this is the first of a number of field hearings our committee and its subcommittees have scheduled for this calendar year. In my opinion, it is good that we go out into the country to get a firsthand view of what is really happening in veterans affairs, because we are charged as a committee of Congress with oversight of a program that will spend this year about $25 billion.

We are concerned with a medical program that has 172 hospitals, over 200 outpatient clinics, and 13 domiciliaries. We are involved with, as you have said, compensation, pension, GI education, home loan guarantees, and GI insurance. We simply cannot get a complete picture of what is happening around the country in this program unless we go to various field locations of the Veterans' Administration and hear firsthand from local VA officials and local

State and veterans organization leaders. These individuals tell it like it is. They can tell us if the lofty idealism of the laws we pass is being translated into the reality we desire, and if the money we appropriate is enough, and if it is being well spent. They can tell us what is right, what is wrong, and perhaps they can tell us how to do better.

In short, Mr. Chairman, that is why we have come to Mississippi. This State is a miniature of the total Veterans' Administration program. Here in Jackson is both the regional office and the hospital. Later we will visit the Biloxi and Gulfport Hospitals. We will also hear from the Mississippi Veterans Commission, which is typical of the veterans State government entities that exist around the country.

Mr. Chairman, in my opinion, the testimony that we hear, the ideas that will be generated, and the end results that will come of this and later hearings in the Biloxi-Gulfport area will materially assist our committee. We appreciate this morning the remarks and participation of Senator Overstreet and Representative Morrow, recognizing their expertise and knowledge of veterans affairs at the State level.

So I congratulate you, Mr. Chairman, for scheduling these hearings, and I look forward to hearing from all witnesses. Thank you, sir.

Mr. MONTGOMERY. Thank you.

The Chair would like to recognize the ranking minority member, Mr. Hillis, on this oversight subcommittee. Mr. Hillis.

Mr. HILLIS. Thank you, Mr. Chairman. I, too, want to extend my congratulations to you for putting together this hearing this morning. I am looking forward to hearing the witnesses, and I am sure that much good will come from our visit here in Jackson and our future hearings tomorrow down in Biloxi.

Mr. MONTGOMERY. The Chair would like to call to the witness stand the first panel. We have three panels this morning. Mr. Frank Godwin, executive secretary of the State Veterans Affairs Board, State of Mississippi; Mr. Mack Currie, commander of the American Legion, Department of Mississippi; Mr. Riley Smith, commander, Department of Mississippi, Disabled American Veterans. Will those gentleman please come to the witness stand?

While the witnesses are coming forward, I would like to recognize and ask her to stand up—Ms. Lula Gentry, who is the district office manager for Wayne Dowdy, a Congressman from Mississippi, who serves on the Veterans' Affairs Committee. We are sorry he can't be here today, but we thank you for being here, Ms. Gentry. And Congressman Charlie Griffin, a former Member of Congress, the clerk of the Senate.

Is Charlie Griffin still here?

When he comes back, I certainly want to recognize him. He has given us the privilege of using these nice facilities.

We would like for the witnesses to summarize their statements and without objection, your statements will be put in the record in full.

Mr. Godwin, we would like to hear from you, and after that, we will have questions from the members of this subcommittee.

Mr. Godwin.

STATEMENTS OF HON. FRANK GODWIN, EXECUTIVE SECRETARY, STATE VETERANS AFFAIRS BOARD, STATE OF MISSISSIPPI; MACK CURRIE, COMMANDER OF THE AMERICAN LEGION, DEPARTMENT OF MISSISSIPPI; RILEY SMITH, COMMANDER, DEPARTMENT OF MISSISSIPPI, DISABLED AMERICAN VETERANS

STATEMENT OF FRANK GODWIN

Mr. GODWIN. Mr. Chairman, distinguished members of the Subcommittee on Oversight and Investigations, it is a distinct and humbling pleasure to appear before you today. Initially, I would like to bring greetings to you from the Honorable William F. Winter, Governor of the State of Mississippi, and the member of the Mississippi Veterans Affairs Board, of which I am the executive secretary.

My testimony this morning deals primarily with Veterans' Administration guidelines. I will not have any major comments on national legislation because I feel that this is the responsibility of the congressionally chartered veterans organizations. My personal observations will be limited to the Department of Veterans' Benefits. My observations are of the local regional office, but I feel these observations have national impact.

I would like to turn my attention to a new requirement, VA regulations 1205 and 1209, which involve considerable cost to this State. In the very near future, all veterans will have to verify their dependents by submitting new certified copies of birth and death certificates, divorce and marriage decrees, if the veteran or surviving spouse wishes to continue to be paid for the additional dependents.

On the surface, this does not present much of an economic burden. However, in this State, these records are supplied by the Bureau of Statistics and the local county courthouse which charge the veterans for these documents. I can ask for a waiver of these charges by a State law, but somewhere, someone has to pay for these documents. The cost of these documents will either be paid by the veteran or absorbed by the State. I cannot in good faith ask my State to pick up this additional charge. A conservative estimate of the cost of supplying certified documents of eligible dependents would be in the range of about $350,000 in Mississippi. I do not believe that this is a just cost that needs to be placed on this State's veterans.

While in the area of cost to veterans, I would like to point out an inequity that affects all persons that have an overpayment charged against their VA account. I believe that the VA is of the opinion that overpayments are the fault of the recipient. The person with the overpayment begins to have money withheld at the instant the overpayment is noted, and interest will be charged on the unpaid balance. I have always been told that when there is a doubt, that doubt should be resolved in the favor of the veteran. Charging interest and withholding monetary benefits from an eligible recipient is an obvious disregard of resolving the doubt in the favor of the veterans.

My last complaint is one that has specific impact on a very limited number of veterans and people. My agency contracts with the VA to operate the State Approval Agency. The contractual agreement with the VA is that we will provide the employees, within VA guidelines, and the VA will reimburse the State the expenses of the operating of the Approval Agency.

At the present time, I am operating this agency out of State funds that were appropriated for other purposes. Initial payment in the past has been late, but this year it is beyond reason. I have not yet received a signed copy from the VA agreeing to reimburse me for this service.

Mr. Dollarhide of the VACO is responsible for its oversight and planning. If there is not some action taken soon, I will be unable to meet payroll during the months of May and June. I implore your immediate assistance in solving this ever-worsening problem.

In closing, I would like to address Mr. Lamar Warnock, the Jackson VA Medical Center director, with grateful thanks for his providing me space for a service officer in the Jackson VA Medical Center. I think he will agree that my positioning a service officer in his hospital has made a very positive impact in trying to solve the problems within the VA medical care system there in Jackson. I can sum up in one word the impact that this has had upon the VA in the State of Mississippi—we have cooperation.

I would also like to compliment the Veterans' Administration on their new positive approach to improve health care services to this Nation's smallest minority of veterans—women veterans. The area of women veterans has long been pushed aside, which has resulted in many hard feelings and coarse words to be spoken about this Nation's best health care delivery system. I hope that the MEDIPP will take into consideration the needs of this Nation's women veterans.

I would like to conclude my testimony with one item of national importance. There is legislation presently in the U.S. Senate, sponsored by Senator Strom Thurmond, and co sponsored by Senator Thad Cochran, that would make the Administrator of the Veterans' Administration a full member of the President's Cabinet. I fully support this measure and hope that the Senate will pass the bill, and I am sure that once the House of Representatives has a chance to act upon this measure, that you will act upon it favorably.

Mr. Chairman, I thank you for the opportunity to testify today, and I hope that you enjoy your historical stay in this location in the Deep South.[1]

Thank you, gentlemen. Any questions?

Mr. MONTGOMERY. I think, Mr. Godwin, that we will let the other two witnesses testify before we ask questions. We will start out like that and if it doesn't work, we will go back to asking questions as a witness testifies. But thank you for your concise, to-the-point testimony.

We would like the witnesses, if they could, to stay within the 5 minutes. We do have some important questions that we would like to ask you.

The Chair at this time recognizes Mr. Mack Currie from my home town of Meridian, who is State commander of the American Legion. Mr. Currie.

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[1] The prepared statement of Mr. Godwin appears on p. 41.

STATEMENT OF MACK CURRIE

Mr. Currie. Chairman Montgomery, and other distinguished guests here this morning, and Congressmen from all over the country—it looks like you are mostly from the southland. We are glad to have you in Mississippi. We are known as the Hospitality State here, and we hope that you find it very hospitable.

Generally, we believe that the veteran is getting what he has got coming to him in Mississippi. We are very happy in Mississippi with the attitudes and the medications and the various benefits down at the regional office.

We would like at this time to point out one or two little things. First of all, we would like to have a CAT scanner out at the VA hospital. They are becoming more and more useful in diagnostic care——

Mr. Montgomery. Excuse me just a second. Can the people in the audience hear the witnesses at all?

[Chorus of noes.]

Mr. Montgomery. I think the witnesses are making excellent points, and you will just have to talk louder. The gentleman just mentioned about a CAT scanner at the VA hospital. Go ahead, Mr. Currie.

Mr. Currie. We believe that if we had a CAT scanner at the VA hospital it would be very useful in the diagnostic treatment and care of the veterans as they come and go. We are all getting older and subject to falls and so forth.

We further believe that the waiting period before seeing a doctor could be shortened. Frequently, after waiting, veterans are told that they will have to come back later.

There is too much delay in getting prescriptions filled and mailed back to veterans. In some instances, if a prescribed medication is not available, the veteran is not advised. He just doesn't get it.

We are not accusing anyone of not doing their duty, but these are complaints that we most frequently hear and believe warrant attention at this time.

Again, gentlemen, we thank you for your interest and appreciate the opportunity to make this statement.

Mr. Montgomery. Thank you, Commander Currie. Thank you for getting right to the point.

The Chair would like to recognize Mr. Riley Smith, Commander of the Disabled American Veterans. Thank you for your hospitality last night for some of these members. We appreciate your helping us.

STATEMENT OF RILEY SMITH

Mr. Smith. Mr. Chairman, members of the subcommittee, I am here on behalf of about 5,900 disabled veterans in the State of Mississippi. I have traveled some through the State, through the hospitals, and at this time, Mr. Chairman, the Department of Disabled Veterans would like to say that we seem to have, at best, a fair medical program. We have various discrepancies that seem to fall on a deaf ear once it passes the directors of the centers.

We also have a waiting period when you go to the hospital. It seems to be that they are scheduling about three times a day, and then when you get there, it takes time for them to find your records after you get there, and I have gone with people to the Memphis Hospital, which at times they would be through by 12:30. It would be 5 p.m before they would allow the people to leave, tell them it was time to go home.

I would like to denote here—and I am not going through all of mine, I am just going through certain parts. The ex-prisoners of war and 100 disabled, I have seen them sit 6 to 8 hours at the hospital waiting to be treated, and they don't seem to want to update, or mandate that we bring the ex-prisoners of war up next to the 100 percent when they go in for treatment.

At this time, the benefits on pensions and other monetary allowance we have had the doctors to question how much money the patient was making before he was treated. If he is a certain percent disabled, we do not figure how much money he has or how much he is making has any value.

Mr. Chairman, I wish to include my statement, and let you go with it from there.

[The prepared statement of Commander Smith appears on p. 49.]

Mr. **Montgomery**. Thank you, Commander Smith. I know you have been very concerned about some of the hospital care. I have talked to you on several occasions. Thank you for your testimony.

Mr. Godwin, you mentioned that in your opinion, the VA has tightened up on proof of claims. The staff informs me that there were some abuses, that papers were falsified, not in Mississippi but across the country, and that is why you have the problem of more certifications by these claimants than you had before. So it was tightening up on a program that was being abused, is the reason I am told, that there are tougher qualifications now.

The Chair would like to recognize my colleagues who would like to ask questions. The Chair would like to recognize any member who might have a comment.

Mr. **Hammerschmidt**. Mr. Godwin, we recognize the value of State veterans service officers and that program. We rely heavily on them and their input because you are in every county and close to veterans. Of course, it goes without saying that the contributions of the DAV, the American Legion, and the VFW are all invaluable to us.

Mr. Currie, I will mention this so the chairman won't forget it. We understand that a CAT scanner is being sent to the Jackson VA Hospital and will be in operation in January 1984. I think we understand that there are similar arrangements at Keesler Air Force Base and the Biloxi Hospital. So at least that part of your wish, I think, is going to come true.

Thank you, Mr. Chairman.

Mr. **Montgomery**. The Chair would like to recognize the gentleman from Illinois, Mr. Lane Evans. Mr. Evans, as you can tell, is a new member. He is old enough to be in Congress. Also, Mr. Evans did something for the first time that has never been done in Washington. His first choice of a committee was the Veterans' Affairs Committee.

Mr. **Evans**. Thank you, Mr. Chairman.

Mr. Smith, I know you had to summarize your testimony, but could you expand just a little bit more about the priority that our POW's and our other veterans are being admitted into the hospital under?

Mr. SMITH. I will go back to the fourth paragraph here. I would like to bring a serious problem to your attention at this point, to include our own discrepancies in the medical benefits delivery system in the State of Mississippi. We have noted that the majority of appointments are being scheduled at three different times during the day and no service-connected priority in seeing the physician is noted. The first to get to the clerk is the first to see the doctor, no matter what his priority may be, and there are cases when 100 percent and ex-POW's have waited 6 to 8 hours to see the examiner when they had priority over the veterans already seen and treated. This is a serious problem and we ask that this be looked into.

Mr. EVANS. Is that a recent observation?

Mr. SMITH. Yes, sir.

Mr. EVANS. I will ask Mr. Warnock about that when he testifies.

Mr. SMITH. Well, it wasn't in Mr. Warnock's hospital. You see, I cover Memphis Hospital, Jackson Hospital, and Biloxi. We have patients in all three. This happened in the Memphis Hospital. I will state what hospital it was in.

Mr. MONTGOMERY. The Chair would like to say that we certainly hope our visitors and the press will stay for our last witnesses this morning and when we have questions before this panel we will ask the Administrator of the Jackson Hospital, Mr. Warnock, and also the Administrator of the Jackson regional office, Mr. Wickes, to respond.

Mr. Charlie Wickes will be our last witness this morning, and I am sure he and Mr. Warnock will be ready to answer some of these questions and thoughts that are being brought up by other witnesses.

Any questions from any other members of this committee?

Mr. HAMMERSCHMIDT. Will the chairman yield?

Mr. MONTGOMERY. Yes.

Mr. HAMMERSCHMIDT. I would just like to state, and I am sure you gentlemen realize this, that since we are in this forum, and since the Directors are here from the regional office and the hospital that your comments, grievances, and remarks come to their attention automatically, and even though they are part of our record, I think it is a valuable process that is occurring right now.

Thank you, Mr. Chairman.

Mr. MONTGOMERY. Since we are in the State capitol and the house and the senate are in session, and since we are guests of the members of the legislature, we will take a 10-minute recess in just a minute or two to let me have the opportunity to introduce my colleagues from across the country to the Mississippi House and to the Mississippi Senate. If we have no other questions, we will dismiss this panel and ask the other panel to move forward, and after that panel moves in and I introduce the panel, then we will take a 10-minute recess. We want you to stay here, but I think as a courtesy to the Mississippi Legislature, that we should make an appearance in the legislative chambers.

I would like to thank the panel that has been here this morning. You have given us some things to look into.

I would like to ask the second panel to come to the witness stand. I am sorry that Commander Guy Thornton, commander of the VFW, cannot be with us today. Guy is a little under the weather, but a good friend of ours here in Mississippi, Howard Langfitt will make the commander's remarks. Howard, will you come forward?

Mr. Claude Cockrell, commander of the American Ex-Prisoners of War, and to my colleagues, the largest attendance today is from the Mississippi Ex-POW's. They have been very active in Mississippi, and they are quite concerned about the law that we passed a year ago.

Also, Mr. Earl Derrington, the national junior vice commander of the American Ex-Prisoners of War. We think Earl has a chance to be national commander of the Ex-Prisoners of War.

Having said that, the committee now stands in recess. Don't go away. The committee is in recess for 10 minutes.

[A short recess was taken.]

Mr. Montgomery. The Chair would like to recognize a friend of ours, Howard Langfitt, who is representing the Veterans of Foreign Wars.

STATEMENT OF HOWARD LANGFITT, VETERAN OF FOREIGN WAR'S, ACCOMPANIED BY CLAUDE COCKRELL, COMMANDER, AMERICAN EX-PRISONERS OF WAR; AND EARL DERRINGTON, NATIONAL JUNIOR VICE COMMANDER, AMERICAN EX-PRISONERS OF WAR

Mr. Langfitt. Mr. Chairman, I am here not only on behalf of the 26,000 members of the Veterans of Foreign Wars in Mississippi, many of whom are in this room, but I am here representing our department commander who had hoped to be here and deliver this testimony in person, but who ends up in the hospital and could not be here. I bring you his regrets.

You have been furnished a copy of our testimony. I could read that testimony, but to do so would only prove to you that I could read, so I will just try to run through some of the things that we are most concerned about.

I want to join the others to say that we are, indeed, fortunate to have the fine veterans facility that we have here in the city of Jackson. We do have some problems, and those problems are mostly the result of inadequate funding and inadequate staffing, and I am sure the inadequate staffing results directly from inadequate funding. We have a shortage of registered nurses, and I understand that the VA facilities across the country have that same shortage. Hopefully the passage of Public Law 96-330 and Public Law 97-251 will alleviate that situation and we will have more nurses in that facility.

We have a bit of a problem, and it goes back to inadequate funding again, in that our veterans hospitals are having to hire low entry grade level administrative personnel, oftentimes personnel that are not qualified for the positions they hold. This has caused some problems. We had the same problem that was alluded to earlier in the time necessary in waiting to see a physician. We know that there is a lot of call for a lot of services from our VA centers, but we think that that could be speeded up maybe in some way.

We understand that the new facility that is being constructed could be built upward 2 more floors for another 120 beds, and we suggest that the committee give its consideration to funding for such construction at the earliest possible date.

Mr. Chairman, you have invited comments concerning former prisoners of war. I have two distinguished gentlemen to my right who will comment on that, so I won't allude to that at all in the VFW testimony, although it is in the written record which you will consider.

Again, I thank you for this opportunity to appear before the committee. Before I close, I would like to recognize, Mr. Chairman, that we are very proud of the fact that you are a life member of VFW Post 79 in Meridian, and that makes us very proud indeed. On behalf of the State commander, who had hoped to be here, I am proud to deliver this testimony and will be happy to respond in any way.

[The statement of Commander Thornton appears on p. 52.]

Mr. MONTGOMERY. Thank you, Howard, for that testimony. You are one of our distinguished Mississippians. You have served the State well over the years, and you continue to want to serve the people of our State. You had a lot to do with the rural electricification in Mississippi, and thank you for working with the veterans.

Before questions, we would like to recognize the other two witnesses, the State commander of the Ex-POW's of Mississippi.

STATEMENT OF CLAUDE COCKRELL

Mr. COCKRELL. Mr. Chairman, I will have to read mine. It is quite lengthy and I am dealing in statistics.

The American Ex-Prisoners of War, Department of Mississippi, appreciates the opportunity to appear before this subcommittee to present our views on the oversight and the VA's implementation of Public Law 97–37, which expanded eligibility criteria for certain VA benefits and health care to former prisoners of war.

First, Mr. Chairman, the Mississippi Ex-Prisoners of War would like to let you and your committee know how deeply appreciative we are for your continued interest in the welfare of these men who were incarcerated by a hostile enemy and subjected to inhumane treatment. Prior to the POW study, May 1980, we had little hope of ever receiving medical treatment through the VA system for our POW related medical problems. Unfortunately, many of our POW's died without ever realizing any of these benefits. The POW's still living, most of whom are in their twilight years, welcome your interest in the oversight and investigation of the implementation of Public Law 97–37.

The local VA hospital in Jackson, Miss., with few exceptions, is to be complimented for the effort being made to implement Public Law 97-37. The health care delivery and the attitude of the personnel in the dental clinic toward POW's is rated almost unanimously as superior. We applaud their dedication.

The major finding derived from the POW study, May 1980, was that the medical repatriation procedures written for World War II and Korean POW's were not fully implemented in the medical area. Now, sir, we wish to bring to your attention that the rating boards and/or appeal panels require documented evidence of medical records, of which none exists for the POW's.

The purpose of the study was to recommend actions necessary to assure that former prisoners of war receive compensation and health care benefits for all disabilities which may reasonably be attributed to their internment. In actual practice, there is no such thing as the rating boards and appeal panels making a favorable decision for the POW based on reasonable doubt. The POW's feel intimidated when asked to provide records substantiating their claims when there are none. Buddy statements carry no weight whatsoever.

Rating boards and appeal panels actually affording the POW the benefit of the doubt in adjudicating a claim is a joke. Ratable diseases as specified in Pubic Law 97-37 are denied by every rating board and appeal panel in the country because of a lack of evidence of record.

In order to allow the Mississippi POW's to have a voice in this hearing, we have compiled the results of a questionnaire mailed to them just days ago. We would like to discuss several significant observations with you. We will address the largest group first—249 men held in captivity in Germany responded to the questionnaire. Forty-seven percent of this number were wounded at time of capture. Thirty-nine percent were wounded during incarceration. Combine this with the 74 percent who were ill during incarceration with such diseases as cholera, chronic dysentery, typhus, diphteria, hepatitis, pellagra, intestinal parasites, mumps, measles, tuberculosis, scurvy, colds, influenza, pneumonia, fungus diseases of the skin, and the horrid infestations of body lice.

The combined average weight loss for this group was 48 pounds for an average length of incarceration of 10 months. The average age at time of incarceration was 23 years. Seventy-six percent of these men reported mental torture, harassment, and ridicule during imprisonment, in addition to a diet of starvation. Upon repatriation, only 39 percent of our Mississippi POW's stated that they received adequate physical examinations upon repatriation.

Gentlemen, the aforementioned points are but a few of the items that are seldom, if ever, questioned by the examining physician. The physician's report, for compensation purposes, is based solely upon his clinical observation at the time of examination. Subsequently, the rating boards and appeal panels base their decision solely upon the physician's report, with total disregard for those disabilities which may reasonably be attributed to their internment.

The present average age for the Mississippi POW held captive in Germany during World War II is 63.5. It is significant that 71 percent of this group feel that their job potential has been affected by their POW experience, while 77 percent report physical handicaps that they interpret as POW related. Seventy-five percent report problems with their nerves. Of this category, 76 percent report periods of depression, 36 percent have had thoughts of suicide, 71 percent report problems sleeping, 71 percent have dreams/nightmares of their POW experiences and 73 percent avoid crowds.

This response makes it clear that anxiety states exist, but the rating boards and appeals panels continue to deny the POW the benefit of the doubt in the absence of evidence, when Public Law 97-37 expressly states, "Psychosis or any of the anxiety states which became manifest to a degree of 10 percent or more shall be considered to have been incurred in or aggravated by such service."

Eighty-four percent of the examining doctors never questioned the POW concerning his incarceration experience. Seventy-eight percent of the POW's reported that they were suffering from gastrointestinal problems, and 41 percent report heart related diseases. Only 13 percent feel that they have been justly compensated for the damages incurred or aggravated by their POW experience.

Forty-seven POW's from the Pacific theater responded to the questionnaire. The average age of this group at time of incarceration was 23 years, with an average internment of 39 months. The average weight loss was 71 pounds. Their present average age is 63.2 years. Thirty-six percent were wounded at time of capture and 70 percent reported injuries incurred during incarceration. Ninety-eight percent suffered illnesses during incarceration, while 92 percent reported mental torture. Seventy-four percent reported problems with their nerves. Fifteen percent of this group felt that they had been justly compensated for their damages.

Seven POW's incarcerated in Korea responded to the questionnaire. Their average age at the time of incarceration was 20 years, with an average internment of 22 months. Their average weight loss was 68 pounds. Fifty-seven percent were wounded at time of capture and 57 percent were wounded during incarceration. Eighty-five percent reported experiencing mental torture. Eighty-six percent reported problems with their nerves. The average age of the Korean POW in Mississippi is 52.4 years. Twenty percent of this group feel they have been justly compensated for their damages.

Since only two Vietnam POW's, with vastly differing situations, responded to the questionnaire, we feel it unfair to make a comparison in this group of veterans.

These statistics represent the tabulations from 295 POW's responding to the questionnaire. We feel this information, provided by the Mississippi POW community, is evidence to alert you to the oversights of Public Law 97-37. We thank you.

Mr. MONTGOMERY. Thank you very much, Mr. State Commander.

[The prepared statement of Commander Cockrell appears on p. 55.]

Mr. MONTGOMERY. Earl, we have some questions. If you can summarize your statement, we have some members who would certainly like to ask some questions of the ex-POW's, but you may proceed in the manner you would like.

STATEMENT OF EARL DERRINGTON

Mr. DERRINGTON. Mr. Chairman, may I stand?

Mr. MONTGOMERY. Earl, you can do anything you want to. [Applause.]

Mr. DERRINGTON. Mr. Chairman, first, on behalf of our POW's, I would like to thank you for bringing this group of men to the great State of Mississippi. I would like to say this also. This proves one thing, that the attitude of the chairman and the attitude of the members of his committee is just absolutely great. So what I would like to do is to tell all of our POW's that are out there to stand up and let's give this committee a great hand. [Applause.]

Sonny, as you know, one of the attributes of us down here in Mississippi is that we love southern hospitality, and we like to make these people feel at home, and in order to do that, you have to communicate. This is our communication to you and to the committee.

You know, the matter of communications is still a most important attribute to dealing with the veterans' problems. The attitude that one has when they go about attacking the problem of not only our POW's but all of the veterans, this is real important, so that is the reason when we as POW's, or you as a veteran group, it is well to look at the attitude that you are dealing with when you go into the hospital.

Now, here in Mississippi, for example, we find that attitude is still important. When we go to the VA hospital here, we find that there was a POW medical coordinator appointed to coordinate between these POW's out here in Mississippi and the hospital. This medical coordinator was asked to communicate with our POW community, but for some reason, the POW medical coordinator didn't feel that it was necessary to communicate with our group.

I would like to say this on behalf of our local VA hospital. The center director did come. He communicated with our POW group, and he is to be complimented on doing so.

The dental clinic was mentioned a while ago. I would like to tell you that these gentlemen in this area of the hospital here in Jackson are most professional, and they are to be complimented for doing a tremendous job. I know you like to hear about the good things, because we do have some fine things here at this VA hospital.

There are many areas that I would like to cover with you gentlemen on an oral basis, but it is impossible for your time or mine to last very long, but I would like to say this. The chain of command in the Veterans' Administration from the top to the management level is not too bad, but when it gets below the management level for some reason or other, Public Law 97-37 all over the United States just doesn't seem to get carried through. [Applause.]

Sonny, does that tell you something? When we are coming on to the POW situation as far as Public Law 97-37, we have a unique problem with our POW's. We don't fit the system when it comes to adjudicating claims. How it can be solved, I don't know, but when you start taking apart a man that was in total incarceration, the K-Z syndrome and those aspects of having been a prisoner of war, and you try to subdivide it into 10 percent, 20 percent, this sort of percent, it just does not work out for some reason.

When we talk about the mental effects of incarceration upon our POW's here in Mississippi, I will tell you who it takes to let you know that there is a K-Z syndrome among the POW community, and that is the wives of the POW's. They are the ones that have had to——

[Applause.]

Mr. DERRINGTON. The wives are the ones that have had to put up with the odd aspects of the POW's incarcerated mental problems.

I would like to say orally one other thing and then I want to quit. I won't quit, but I will stop right here.

No. 1, recently in Washington I had the privilege of viewing the POW film, "The Flag," and I must say that the Veterans' Administration at the Washington level did a very fine job putting together the history of the incarceration process of the POW's. I would like for you gentlemen to remember one thing. When you get to the end of "The Flag"—the film presented by the Veterans' Administration, and this was just a month ago—at the end of the film the speaker appeals to the VA personnel to give benefit of doubt, among other things, to the prisoners of war. That, on the surface to the press and all of these people, that would be great, but for the POW's or for the veterans, there is no such thing as benefit of doubt without evidence of record.

Gentlemen, I thank you. [Applause]

[The prepared statement of Mr. Derrington appears on p. 70.]

Mr. MONTGOMERY. I know of no other person who works harder for the veteran and ex-prisoners of war.

The Chair would like to recognize Mr. Hillis.

Mr. HILLIS. Thank you, Mr. Chairman.

I certainly appreciate your testimony and statement, and I know you will never quit. You may stop once in a while, but you will never quit in this cause because it is such an important one.

My only comments are, first, I hope that your statement and your questionnaire will be a part of the record of this hearing so that we can have the full benefit of everything that you have done.

Public Law 97-37 started its way through Congress on House Resolution 1100. I know probably some of you know, all of you know, or maybe some of you do not know, that the primary author of that bill was the chairman, Mr. Montgomery, who is here today. After he had this bill prepared, he was joined on it in our normal bipartisanship manner in which we operate, by Mr. Hammerschmidt here on my left. Also, I was cosponsor and Mr. McEwen, along with many others.

We are happy to hear that a bill has worked, or that you consider it good legislation, and we still certainly take your comments to heart and will see what we can do in its administration, and see if some improvements can be made in it. I think we are on the right track, and we need to follow through and carry it on, but I do want to point out that the chairman himself was the primary originator of this legislation.

Mr. MONTGOMERY. Thank you very much, Mr. Hillis. I knew when we passed this bill that it was such a far-reaching, overdue legislation that there would be problems of implementing this program, and that is one of the reasons we are here in Jackson today, where there is a strong ex-POW unit that we will have to followup, and there are probably some areas where any major piece of legislation that is passed in Congress in you have to go back and amend that legislation to see that it is fully put in force. So I was concerned that there would be some problems. When you get right down to where the ex-POW comes into the hospital, or in the regional office, there will be some problems. We will look into it, and we will try to implement some suggestions that you have made here today. We will try to look into them and see what we can do about it.

The Chair would like to recognize anybody else that might have a comment. Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. Mr. Chairman, I want to thank the witnesses from the ex-POW organizations for their very fine statements. Of course, they represent a very select group of people who have made a contribution in a very significant way to this country, so instead of them applauding us, we should applaud all those people who stood up a moment ago and their families.

I want to direct a question to Mr. Langfitt, who represents a broader base of the veterans community through the VFW service organization, and to ask him to either express to us verbally now or for the record what your relationship is with the hospital in Jackson and with the regional office in Jackson?

Mr. LANGFITT. Mr. Hammerschmidt, I know I speak for the Commander, even though he is not here, in saying that our relationship with the hospital is very good. We think we have excellent personnel here. As I stated in the testimony, we think the only problems really which prevail, are problems with inadequate funding. With sufficient funding, they could secure all of the quality of people that they would like to have, but we think they do an excellent job for the community. We are highly complimentary of our facility here, and all we hope for is better days than it has had.

Mr. HAMMERSCHMIDT. As you know, the President has requested that the Board of Veterans Appeals be enlarged so that the waiting time for appeals decisions can be reduced. Our committee has a hearing scheduled on this matter for April 6, but I wonder from the grassroots level, are you getting complaints about the long delays in appeals cases from your service officers?

Mr. LANGFITT. Mr. Hammerschmidt, I am not qualified to respond to that, but we would be happy to respond in writing. I think our service officer would be better qualified. He is here. He has heard your question, and we will be happy to respond in writing to that question.

Mr. HAMMERSCHMIDT. We would appreciate it. We are also planning to ask that same question to the State veterans service organizations so we can get a feel for how long those appeals are taking.

Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you.

The Chair would like to recognize the gentleman from Ohio.

Mr. MCEWEN. Thank you, Mr. Chairman.

Just one quick question, Mr. Cockrell. Do you draw any conclusions from your statement that only two former Vietnam POW's responded to your inquiry, and do you have an estimate as to the number of Vietnam POW's that live in Mississippi?

Mr. COCKRELL. Commander Derrington can answer that.

Mr. DERRINGTON. May I answer your question?

Mr. MCEWEN. Please do.

Mr. DERRINGTON. To our knowledge, at the present time, there are four Vietnam-era prisoners of war in Mississippi. Of the four, two of these gentlemen responded, and they had completely different histories for their questionnaires, so it was not a fair comparison and the numbers are real small. We are trying to go to the larger numbers.

Mr. McEWEN. Thank you very much.

Mr. MONTGOMERY. The Chair would like to recognize the gentleman from Tennessee, Mr. Sundquist.

Mr. SUNDQUIST. Along that same line, Mr. Chairman, do you have any intention nationally of compiling that same data? Do you have any intention of nationally assembling the same data that you did for the Mississippi POW's?

Mr. DERRINGTON. Sir, this was done to allow the prisoners of war in the State of Mississippi to have an expression of their feelings with respect to the care that prisoners of war had received here in Mississippi. This was a personal expression in the questionnaire that was laid out. If we were going to attempt to do this nationally, we would refine it greatly, I assure you.

Mr. SUNDQUIST. I think it is excellent, and I would encourage you to compile it nationally. I think it is excellent data.

Mr. DERRINGTON. The POW study of 1980 had some very excellent facts in it, and I must say, the Veterans' Administration did an admirable job again, Sonny, with the POW study. This was a great study. What we were trying to relate in our compilations here was the fact that what the prisoners of war themselves were expressing or would want to express to you, the Congress of the United States. We will take under consideration the possibility of trying to do a similar type study nationwide real quick.

Mr. MONTGOMERY. That is an excellent point to bring out. The Chair recognizes the gentleman from Illinois.

Mr. EVANS. Commander Cockrell, Commander Smith of DAV testified about some denial of the priority treatment of some POW's and 100 percent service connected patients. Are you aware of this happening? He didn't have any opinion regarding the Jackson facility. Has that occurred in your recollection in Jackson?

Mr. COCKRELL. I haven't been dealing directly with this other than working up these statistics overall. I haven't been in the VA treatment. All I can say in reference to that would be hearsay.

Mr. EVANS. Do any of the other panelists have an opinion?

Mr. DERRINGTON. Most of the people, the prisoners of war from north Mississippi, go to the Memphis VA Hospital, and I don't believe that they are as aware in Memphis of Public Law 97-37 as they are here in Jackson. Hopefully in some kind of way we may get across our point, and they will become more aware from the north end of the State, or from Memphis. Does that answer your question, sir? We want to answer your questions. We welcome them.

Mr. EVANS. I was just curious, because Commander Smith didn't have an opinion regarding Jackson and I wondered if you did. Thank you.

Mr. MONTGOMERY. Thank you.

For the record, let the Chair say this, and it was brought to my attention again this morning, that a study came out in Washington, D.C., recently that recommended that part of the Veterans' Administration be dissolved, and that parts of the operation be put in other departments of the Government. Well, I can safely say that for the next 100 years, the Veterans' Administration is not going to be abolished. If anything is going to be abolished, it is going to be some of the other departments, and we are going to put them under the Veterans' Administration. [Applause.]

Any legislation such as that would have to come through the House Veterans' Affairs Committee, so you know what would happen. That was a study. They have backed off from that study. I have a letter this morning which says that they were sorry it was ever said, so find something else to worry about. As long as we have veterans, which is at least for another 100 years, nothing is going to happen.

We want to thank the witnesses.

Mr. HAMMERSCHMIDT. Before you dismiss the witnesses, I have one other short statement.

Mr. MONTGOMERY. Go ahead.

Mr. HAMMERSCHMIDT. For the information of those in the audience, and I think probably our witnesses know this, Public Law 97-37 required that the Administrator for not less than a 3-year period, beginning within 90 days after the date of enactment of that law, maintain a centralized record of claims of former POW's for disability compensation and the disposition of such claims. Then later, following expiration of that 3-year data collection period, the Administrator is required to submit a report to Congress, together with any rcommendations.

That 3 years hasn't gone by, but the point I want to make is that the Senate recently requested that they make an interim report, which should be forthcoming to the Congress right away, which should speak to many of the problems that you have testified to here this morning. I think that it is important that you know that that has been requested by the Senate Veterans' Affairs Committee.

Mr. MONTGOMERY. Thank you, and we thank our witnesses.

No further questions?

Thank you for being here.

The Chair would like to call to the witness stand Mr. Arlin Cornelius Ruthven (Cotton), who will testify on behalf of the Vietnam veterans leadership program. We are sorry that Mr. Rhesa H. Barksdale (Rees) could not be with us this morning. I have seen Mr. Barksdale in Washington. He has been there for some Vietnam veterans meetings.

Cotton, welcome to this committee hearing.

Mr. RUTHVEN. Thank you, sir.

Mr. MONTGOMERY. I had the privilege of seeing you at Walter Reed Hospital after you had just gotten back from Vietnam. You lost your leg there. You made a tremendous sacrifice to this country. Thank you for being here on behalf of the Vietnam veterans. The Chair recognizes the witness.

Mr. RUTHVEN. Thank you, Mr. Chairman.

I have done a cut and paste job on Rees' prepared statement, and I am going to give it, for the purpose of brevity, in the first person as if I were Rees. Rees is in a trial up in north Mississippi, and judges don't release lawyers, even for Congress.

Mr. MONTGOMERY. Well, we will look into that.

STATEMENT OF ARLIN CORNELIUS RUTHVEN, VIETNAM VETERANS LEADERSHIP PROGRAM, ON BEHALF OF RHESA H. BARKSDALE, CHAIRMAN, MISSISSIPPI VIETNAM VETERANS LEADERSHIP PROGRAM

Mr. RUTHVEN. Mr. Chairman, I am Rhesa H. Barksdale, currently serving as chairman of the Mississippi Vietnam veterans leadership program, a volunteer organization. I am a lawyer practicing in Jackson, Miss., and appreciate the invitation to advise this committee of our plans for the Mississippi Vietnam veterans leadership program.

I graduated from the U.S. Military Academy in 1966, and had the privilege of serving in Vietnam in 1967 and 1968. My duties there included service as a platoon leader and troop executive officer with C Troop, First Squadron, First Cavalry, in the Americal Division.

Decorations received included the Silver Star, Bronze Star for Valor, and Purple Heart. But the greatest honor was to serve with fellow Americans, whether they were career soldiers or draftees. They fought hard and well and with great success.

Presently serving with me on the executive committee is Arlin C. Ruthven, a fellow lawyer and West Point graduate, 1967, who commanded an infantry company in Vietnam with the First Air Cavalry Division. Among other decorations, Mr. Ruthven was awarded the Silver Star and Purple Heart.

I also have with me today, Mr. Chairman, our project director, whom we just selected yesterday after a long process. His name is Michael R. Medley. He is in the back of the room. Would you hold up your hand, Mike? Mike was a recon sergeant with the Fourth Division Artillery in Vietnam, and I would like to point out that Mike is leaving a very successful law practice to get this program underway. [Applause.]

Except for a salaried program director and secretary, the Vietnam veterans leadership program is a volunteer project. As Mike Medley so aptly put it, it is simply veterans helping veterans. I don't think the purpose of our program could be expressed better than that. The program is sponsored by ACTION, the national volunteer agency, and funding of approximately $50,000 a year is provided. The national program began with five pilot projects in November of 1981, and funding will be provided through September of 1984.

Our program, as you can see, is just now getting underway with the hiring of Mike yesterday. We will soon be submitting the necessary grant papers to the national program, and upon receiving our grant, will be ready to shift our program into high gear.

In addition to the program director, we intend to have an executive committee which I, (Rees), will initially serve as chairman, and an advisory committee to assist us. We will start with an office in Jackson, Miss. and hope to have sub-programs and offices manned by volunteers throughout the State of Mississippi. This is a volunteer effort, and we hope to keep redtape to a minimum so that we can concentrate on our mission, veterans helping veterans.

Needless to say, before we can solve the problems, we need to identify what the problems are. One of you gentlemen asked a prior witness how many Vietnam veteran prisoners of war live in Mississippi. We know very little at this time about Vietnam veterans in Mississippi. That would be a part of our project, to identify how many there are and what problems there are. There may not even be any problems. I don't think that is true, but that may be the conclusion. Our first job is to get started identifying what problems there may be.

We do know this much. We see from a report by the ACTION committee, that 9 million Americans served in the Armed Forces from 1964 to 1973, the Vietnam war years. In Vietnam alone, 2.7 million Americans served. Almost 58,000 Americans gave their lives in that war, and of the 270,000 who were wounded, more than 21,000 were disabled. We want to help those veterans in Mississippi who need help. Our primary aim is to help Vietnam veterans, but we want to provide any assistance we can to any veterans who need it.

I have been amazed at the number of calls that I have received since late February, primarily Vietnam veterans, who want to help. They come from almost every walk of life, but have one objective in mind: to help their fellow veterans. I have received numerous calls from veterans who need help, such as help in finding or keeping a job, or help in obtaining benefits to which they are entitled. I have also appreciated greatly calls from Federal or State agencies that want to help veterans and are pleased that this program will assist them in doing so.

The purpose of our program is not to duplicate or overlap services already provided by other agencies, such as the Veteran's Administration or the Mississippi Employment Security Commission. We are not attempting to take the place of the American Legion or the Veterans of Foreign Wars or the Disabled American Veterans. We do hope to work with all these agencies and their programs, and among other things, to act as liaison between these entities and the veterans who need their help.

One of our main objectives will be to put veterans in need of jobs in touch with veterans who can employ them or assist them in getting employment. Our hope is that some veterans in need of help will find it easier or more comfortable to initially express that need to other Vietnam veterans.

Should a need exist for our program after September 1984, we hope to secure sufficient funding from the private sector to continue the program. The program does not exist for itself. When and if the need for the program ends, the program will end.

The Vietnam war in many respects was no different from other wars in which our country has been involved. Americans served proudly, fought well, and endured not only the hardships and dangers that accompany any war, but the painful separation from their families, loved ones, and homes. But the Vietnam war was also different in some respects from other wars we have known. Service in that war was rather short, only a year for many. We were fighting in a war in which you could not tell friend from foe. We were trying to help establish a government that many of the people in South Vietnam could not understand and many did not want. Our Armed Forces were greatly restrained in conducting the war, and we did not have the traditional objectives that could assist in measuring progress. Veterans of that war did not come home to parades, or in many instances, even to a cordial welcome.

I could continue along this line, but the point I am simply trying to make is this. The Vietnam war was a unique experience. Persons who fought in that war shared that experience, and perhaps this is why they have such concern for their fellow veterans of that war. As I stated, I have been very moved by the many offers of help I have received for our program in less than a month. Those offers give me great hope for the success of our program and a renewed sense of appreciation for the people who make up this great country and the veterans who fought in Vietnam. We were right in being there. Our Armed Forces fought in that war as well or perhaps even better than ever, and those same veterans are now stepping forward to help their fellow veterans and assist them in coming home.

Thank you for the opportunity to be with you today, Mr. Chairman.

[The prepared statement of Rhesa H. Barksdale appears on p. 73.]

Mr. MONTGOMERY. I think you can tell by the applause what we think of your statement.

Mr. RUTHVEN. It was Rees' statement, Mr. Chairman, but I concur in it fully.

Mr. MONTGOMERY. You did such a good job that we knew that you were a part of it.

The Chair would like to recognize the gentleman from Georgia, who hasn't made a comment today. Roy, we would like to hear from you, and maybe you would like to make some comments to our witness.

Dr. ROWLAND. I was waiting until the last witnesses came before I asked any questions. May I just briefly take this opportunity to say how pleased I am to be in the great State of Mississippi this morning, especially in this beautiful capital building, which I know all Mississippians are so proud of. May I also say to you people here in Mississippi that you can always tell when Sonny Montgomery is having a hearing because the hearing room is filled and the corridors leading to that room are filled. Under the strong and able leadership of Sonny Montgomery, you can always be assured that the interests of the veterans of this great State and this great country will be protected. I will reserve my questions until later, Mr. Chairman.

Mr. MONTGOMERY. Well, I am certainly glad I called on you. The Chair would like to recognize any Member who would like to ask the witness a question.

Mr. HAMMERSCHMIDT. Mr. Chairman, I want to take this opportunity to thank our witness for bringing Rees Barksdale's statement to us. It was a very forceful statement. I want to express what I know is the appreciation of this committee and everybody in this country for the Rees Barksdales and the Ruthvens and the Michael Medleys who served in that valiant struggle over there. I think that the Vietnam veterans leadership program is one of the best things that has come forward, and I talked with Tom Paukin with ACTION in Washington about it a number of times. We attended a meeting down at the DAV headquarters in Washington to recognize the program. We know that even though you have suffered personally you have been successful in the private world through your own initiatives and perseverance, or through other circumstances or through God-given talents, but you are still willing to go out and help your fellow veterans who may not have been that fortunate. I know it is a volunteer program, and we commend you very much for it.

Mr. RUTHVEN. Thank you, sir.

Mr. MONTGOMERY. I would also like to point out that I was involved when Mr. Barksdale and others from across the country came to Washington, Vietnam-era veterans, and they have been successful, and they have added and worked to become just outstanding citizens. There has been a problem around the country with Vietnam-era veterans. They have had problems getting jobs, and some of us on our committee, in fact, all of the members of the subcommittee here today voted for legislation implemented by the Department of Labor to try to come up with jobs through private enterprise for the Vietnam-era veteran. I am sad to say that the Budget Committee of the House did not provide the funds that we asked for on a jobs bill for the Vietnam-era veteran. We are not giving up, though. Also, I am disappointed in the jobs bill that was recently passed in Congress, there are no funds available for helping the Vietnam veteran. We brought this to the attention of those who wrote this bill. There are funds for other groups, people out of work, but certainly the Vietnam veterans should have been included. We are not giving up, and we will continue to work in that area. That is one of the big problems of the Vietnam veteran, giving that person, he or she, the opportunity to get some kind of decent job, and we will continue to follow up in that area.

If we have no other questions from the panel, we thank you very much for being here.

Mr. RUTHVEN. Thank you for allowing us to be here, Mr. Chairman.

Mr. MONTGOMERY. And thank you for the great service that you have given your Nation.

The Chair would like to have 5 minutes now for anybody in the audience who might have a comment or a question. You can do it from your seat. The Chair will recognize you briefly. I know that one or two had mentioned that they wanted to make some comment before we call up our last panel, which are the witnesses from the Veterans' Administration here in Mississippi. I will be glad to recognize you.

Mr. SUNDQUIST. I would like to introduce two gentlemen, one of whom you alaready know, Mr. Bill Huskey, whom I think you knew from Panama, and a distinguished gentleman and a friend of mine from Fayette County, Mr. Bobby Orman, who is vice president of the Mid South Carolina Paralyzed Veterans of America. If those gentlemen would wave, and then if they have a short comment——

Mr. MONTGOMERY. It is good to see you again. We are certainly glad to see you here today. We are very familiar with Paralyzed Veterans. You have a new office in Washington. Congratulations. Most of us on this committee are very familiar with your national organization. Do you have any comments?

STATEMENT OF BOBBY ORMAN, LEGISLATIVE DIRECTOR, MID-SOUTH CHAPTER, PARALYZED VETERANS OF AMERICA

Mr. ORMAN. Yes, sir, Bobby Orman. I would like to say that we appreciate the 1984 budget. Each year we have more and more veterans come in to use the VA facility. Veterans are reaching the age of 65. There will soon be 12.5 million veterans 65 years or older using the VA facilities. When you reach the age of 65, a lot of them will retire. They don't have private insurance like they used to. During this time, the economy is so bad that people are laid off from work and they can't afford private insurance, and they are having trouble getting in the VA hospital. The VA hospital is overcrowded. The employees there are not as good as they should be, although at the spinal cord injury unit at the VA, we will start construction on a multimillion dollar job on June 23, I think, is the groundwork. We are proud to have that building for spinal cord injuries. We have 450 Mississippi veterans with spinal cord injuries in the State of Mississippi. The building that they are building for spinal cord injuries is a beautiful building, but they are talking now about having walls of 1½ feet and taking out a bathroom, which if they do would create a problem there. Overall, the VA hospital in Memphis has done a good job with what they have got to work with. Our biggest problem is the budget, the 1982–83 budget.

Mr. MONTGOMERY. Thank you, sir, for those comments. We certainly, will consider the paralyzed veterans. They do have the opportunity to be considered under the 1984 budget.

Don?

Mr. SUNDQUIST. Thank you, Mr. Chairman, and if it would be appropriate, if they would like to submit some testimony for this committee, we would appreciate it.

Mr. MONTGOMERY. Without objection, your testimony will be put into the record.[1]

Mr. ORMAN. Yes, sir.

Mr. MONTGOMERY. The Chair would recognize one other person who might want to make a comment. I am not looking for trouble.

Go ahead, Mr. Ray.

Mr. RAY. Mr. Chairman, I know that the others haven't been saluting. Mr. Chairman and members, many good things have been said about the local VA hospital. I heard some things said that are a little off color, but nothing can be perfect. When a patient goes through the line, there are two big horseshoes put together and he goes through this line twice, and this lady there sent him back, and when he got up there the third time, another veteran and myself got up, and we asked to have someone from the chief of staff's office come up there immediately. We found out that the lady who had his records was waiting for him, but this person there made no effort whatsoever to try to find out where this old fellow should go. Another one, in a wheelchair, he's got an oxygen gas mask on. He came in about 8:30. He was there at 1:30, and then all of a sudden there is a big commotion, apologizing, saying they had lost his records and they were sorry. A man in a wheelchair should be taken and treated as soon as he comes there. There are many little things like that that the manager, the director doesn't know, but when I talked to the chief of staff's assistant, he has got a chip on his shoulder, saying we can't do this, we can't do that, but they need a little more competent director out there who would have someone call to his attention the things that go on. I have been the commander of three different 1,000 bed U.S. Army hospitals, and I know what should go on in a hospital. Please direct all hospitals to treat their veteran patients the same way that you would be treated if you go into a civilian hospital and pay $1,000 a day. I thank you, sir.

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[1] See p. 81.

Mr. MONTGOMERY. Thank you very much, Mr. Ray. Let me say, though, that I work with the director of the veterans' hospital here, Lamar Warnock. He has been here 6 years now. The Veterans' Administration was using the veterans hospital here in Jackson as a training ground for directors who were going into the field to go to other hospitals. We stopped that. Lamar Warnock likes Mississippi. He could have gone to larger hospitals, higher pay, but he stayed here, and we appreciate the good service that we have had from Lamar Warnock.

Having said that, we would like for Lamar and also Mr. Wickes to come to the table. This will be our last panel this morning. As they get into position, I would like other groups to stand up. We have seen the DAV's, the ex-POW's. Members from the VFW, would you stand up? We would like to see how many of the VFW members are here today. Welcome. We are very proud to have you here.

American Legion, would you please stand? A number of you are in the same organization, and that is good.

DAV, Disabled American Veterans, who testified, a large number here.

World War I veterans or the auxiliary from World War I. We have heard from some of them that the average age now is about 84 years of age. They are certainly attractive people.

The AMVETS, any who are here today, we would like to recognize you.

Blinded Veterans, I believe we have one blinded veteran over here on the righthand side, an old friend of ours.

Any other individual group that we might have left out, would you let us know? We would be glad to recognize you.

Thank you. The next panel is Mr. Lamar Warnock, Director of the Veterans' Administration Medical Center here in Jackson. We will let him introduce his own staff, and Mr. Charles Wickes, Director of the Veterans' Administration regional office, accompanied by his own staff.

Gentlemen, you may proceed. Mr. Warnock, you can go first.

STATEMENTS OF LAMAR WARNOCK, DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER, JACKSON, MISS.; CHARLES WICKES, DIRECTOR, VETERANS' ADMINISTRATION REGIONAL OFFICE; AND JOSEPH B. ADCOCK, TEAM LEADER, JACKSON, MISS., VETERAN CENTER

STATEMENT OF LAMAR WARNOCK

Mr. WARNOCK. Thank you, Mr. Chairman, and members of the committee, for allowing the Jackson Veterans' Administration Medical Center to participate in this hearing this morning. It is an honor to testify before you, and to discuss our programs and services of the Center.

I will keep my comments as short as possible since I know we are short on time, but I do have a few points to cover. First of all, I would like to introduce a few of my associates that are here with me this morning, Mr. Chairman, with your permission. Mr. Andrew Landrey, the associate director.

Dr. Roland B. Robertson, the Chief of staff.

Dr. Leonard C. Higgins, the associate chief of staff for ambulatory care.

Mr. Marvin Daugherty, chief, medical administration service.

Last Mr. Joe Adcock, the vet center leader, who is going to talk to you a few minutes later.

Mr. Chairman, I believe that the Jackson VA Medical Center is a quality medical center, and I believe without a doubt it is a member part of one of the very best Federal departments. For these reasons and because of the many capable employees that we have at the medical center, and the fine veterans of Mississippi that we service, I am very pleased and proud to be associated with the center and to represent it today.

Although we provide medical services to veterans across the State of Mississippi and the adjoining States of Alabama, Tennessee, and Arkansas, our primary responsibility is to the 166,000 veterans that reside in central Mississippi and east central Louisiana.

We have several missions, and I would like to touch on them just briefly. In addition to our medical care service missions, we have the responsibility under law to provide medical manpower training and to carry out medical research. Our service missions include the clinic of jurisdiction responsibilities, which extends to the entire State of Mississippi, outpatient care delivered at our hospital, hospital care, and nursing home care. Through these programs in 1982, we provided over 100,000 outpatient visits, more than 15,000 episodes of hospital care, and I might add, that is the largest number of any VA hospital in the Nation the size of us, and we had an average nursing home census of approximately 160. We had the capability with very few exceptions to provide all diagnostic and treatment services that our veterans, including women, need. One exception, Mr. Chairman, is open-heart surgery. Our major source for VA-funded open-heart surgery is through the Birmingham, Ala., VA Medical Center.

The second major area of our responsibility is in health manpower education. Through our various affiliations, we make a major contribution to help the educational needs of Mississippi and the Nation as a whole. We assist the parent institutions, mostly State universities, in training a variety of health professionals, totaling almost 1,200 individuals yearly.

The third component of our mission is research. The research budget and the research programs for a center of the size of Jackson is rather modest, but it is growing, and it is growing at a time when research funds are very hard to come by. The current areas of investigation, I think, are targeted very appropriately to the diseases and to the disease processes that we face daily: Hypertension, cancer, disorders associated with war trauma, hematological problems, such as sickle cell anemia, cardiovascular problems, and stroke.

Now, I will make a few comments about our admitting practices. We follow the basic and typical practices of all VA medical centers as outlined by the law and regulations. Established priorities are used in admitting patients to the hospital and the nursing home. These range from, No. 1 the service-connected veteran, down to the lowest level, nonveterans. At the present time, due to limitations in both our in-patient and out-patient programs, we do not use the very lowest priorities in the allowable scheme of priorities. The lowest priority that we service is nonservice connected veterans.

Except for some very brief periods when we have high occupancy, we have been able to admit, on a timely basis, all eligible veterans, regardless of service connection or priority, in need of hospitalization. The picture is quite different, however, for nursing home care or long-term care. We normally have about 90 to 100 nonservice connected veterans on the waiting list. In addition to our own nursing home, we utilize the community homes throughout Mississippi for the 6-month placement at VA expense as provided by law. Due to the lack of eligibility for nursing home care, either through VA programs or non-VA, and/or the high cost, many veterans are turning to the hospital, seeking admission to the hospital as a substitute for nursing home care. We obviously cannot utilize the hospital for this purpose, but we do assist the veterans in any way we can to provide nursing home placement in these cases.

The admitting process is rather typical. There are two basic components: The admistrative eligibility determinations and the medical need determinations. The medical need decisions rest with our staff physicians. We utilize the priority system in our processing. The first priority are those patients who have appointments. The second priority goes to those without appointments, with service-connected coming first, and on down the list. You have heard mentioned before earlier today that there are some problems in administering such a priority system. There are. We have about 50 clinics in our facility, and most of our patients drop in on a nonscheduled basis near the same time of the day, so it is very probable that veterans with a lower priority will complete their visit before a veteran with a higher priority finishes his or hers. Once a veteran starts through that process, we do not "bump" that veteran for a veteran that comes in later with a higher priority.

Mr. Chairman, you have also heard about some very long waits. We do have some long waits, but on the average, the scheduled patient in the admissions office requires about 2½ hours to process, and those that are non-scheduled, 3 hours. That is determined by actual count.

Two or three comments about quality of care. I started my comments stating that we have a quality medical center. I am sure that there is some bias in my feelings, but there are some more objective indicators of quality. That has to do with the staff, the numbers, the expertise. That is the most important factor. While we are not blessed with the numbers that our private or community counterparts have, we do have a full and appropriate range of expertise. Our production is among the highest in the Nation. Other factors to be considered are the physical plant, the range of services, and client satisfaction.

During the past few years, we have been examined by a number of external groups, including service organizations. All of these groups have uniformly given us good ratings.

Mr. MONTGOMERY. The gentleman's 5 minutes is up. The Chair will recognize the gentleman for another minute.

Mr. WARNOCK. One comment very briefly regarding the ex-POW legislation. We appreciate that legislation. We did have some difficulty implementing the legislation initially, but I feel now that we are fulfilling the intent of the law, and certainly there is no doubt in our minds regarding the eligibility of the ex-POW's.

Looking toward the future, Mr. Chairman, we are concerned about the percent of our population that is going to be over 65. By 1990, our population over 65 will triple to about 55,000 people. We are going to have to address those groups through a variety of ways.

I will cut very short the rest of my comments which pertain to our out-patient programs. At the present time, we are meeting the needs of all eligible out-patients. There are some veterans in need of out-patient care who do not fit into the programs, which we do not service, but there are very few, because approximately 85 to 90 percent of the veterans who report to our facility are provided care of some type.

Thank you, sir.

[The prepared statement of J. Lamar Warnock appears on p. 83.]

Mr. MONTGOMERY. Thank you very much, and I appreciate your summarizing. I know you have a lot of areas to cover.

The Chair would ask Mr. Wickes if you would summarize. Mr. Wickes, we are letting you off pretty light today as far as the veterans are concerned. Under the regional office, you might explain your Department and what the functions are.

STATEMENT OF CHARLES WICKES

Mr. WICKES. Thank you, Mr. Chairman, and members of the committee. It is a pleasure to welcome you and other subcommittee members and members of your staff to Jackson, Miss.

I am accompanied today by Mr. James Crane, adjudication officer, and Mr. Willie E. Fletcher, loan guaranty officer, who will assist me on any questions that may arise.

Mr. Chairman, with your permission, I would like to provide you with a brief summary of our operations. The regional office in Jackson, Miss., is one of 58 regional offices with the Department of Veterans Benefits. In terms of workload, the Jackson regional office ranks 33d in size and usually processes about 1.2 percent of the national average. The Jackson regional office has jurisdiction of veterans benefit programs throughout the State of Mississippi. Benefits administered include compensation, pension, education, home loan guaranties, and vocational rehabilitation. With 171 employees, we strive to provide quality service to the 242,000 veterans in our State, 69,000 of whom are Vietnam-era veterans. We believe that we have been successful in providing quality service in that from time to time operating elements in our office have been recognized for their excellent performance under the Department of Veterans Benefits evaluation system. Recently, the Inspector General completed a full-scale audit of our regional office. I am pleased to advise you that no significant deficiencies were found. Also, in terms of productivity and effectiveness statistical standards, our regional office consistently ranks at or near the top.

We have seven operating divisions within the regional office, and they are: Adjudication division processes applications, develops evidence and makes decisions on claims for various benefits, authorizes the payment of awards, makes appropriate input to compensation, pension, and education automatic data processing. The administrative division provides support services to other regional office elements. These services include mail identification and delivery, establishment of records, file maintenance, control of forms and publications, telecommunication services, centralized transcribing, and others.

The finance division administers a comprehensive and detailed accounting system for our operations. Finance also administers certain collection activities for the regional office. In an average month, the Jackson regional office distributes 62,680 compensation and pension awards, averaging approximately $17.4 million to Mississippi veterans and their dependents. The average number of monthly educational benefit checks issued is 3,930, totaling another $1.5 million. Since most of these dollars are spent within the State, the regional office is making a significant contribution to the State and its economy.

The personnel division provides services in all phases of personnel administration, including recruitment, placement, training, and employee relations. Mr. Chairman, I am particularly proud that 50 percent of our employees are veterans. Vietnam-era veterans comprise 35 percent of our work force, and 72 percent of our total veteran work force. Fifteen percent of our employees have handicaps. We have four females who are veterans and four employees who are widows of veterans.

The loan guaranty division processes applications, develops evidence, and makes determinations relating to entitlement to home loan guaranty benefits. Economic conditions in recent years have had a significant impact on our loan guaranty operation. As the interest rate edges downward, we expect a substantial increase in our loan guaranty activity.

Veterans assistance division provides information and assistance to beneficiaries on veterans benefits. Veterans assistance division is our contact with the public which includes operation of a statewide toll-free telephone network; liaison with educational institutions, and an education compliance survey program; conducting field examinations, and supervising payments to beneficiaries under legal disabilities; and providing patient contact service at the VA medical centers in Jackson and Gulfport-Biloxi. In 1982, we received 202,724 telephone calls, and conducted 3,844 personal interviews.

Last, vocational rehabilitation and counseling division provides a full range of counseling, training, and vocational adjustment services. We have a fully functional career development center operating on a part-time basis. The objectives of the career development center are to provide disabled and other veterans with current career and job information, using not only printed, but also audiovisual materials.

Mr. Chairman, within our regional office, we provide space and office facilities to a number of national and veterans services organizations as well as the Mississippi State Veterans Affairs Commission. These offices and their staffs, under powers of attorney, provide advice and assistance to veterans and other beneficiaries in presenting claims to our agency. They provide a needed service to their members and nonmembers alike. I might add that they also provide to me and my staff the type of constructive suggestions for improvements in our operation which serves to improve overall service to our clients. The organizations are the American Legion, the American Red Cross, Disabled American Veterans, Mississippi Veterans Affairs Commission, Paralyzed Veterans of America, and the Veterans of Foreign Wars.

Mr. Chairman, I would like to mention briefly our commitment under Public Law 97-37, entitled Former Prisoners of War Benefits Act of 1981. The chief benefits director, Miss Dorothy Starbuck, is an associate member of the VA Advisory Committee on Former POW's and in such capacity functions as liaison between the agency and the committee. In the regional office, we have appointed a rating board member in the adjudication division as POW Coordinator. This individual's function is to assure prompt and expeditious handling of claims by former POW's. We have been provided a listing containing 418 names of former prisoners of war for our State. The claims folders for these individuals have been identified with a special green POW tab. We have had several projects in recent years where we have reviewed all POW cases for possible entitlement or increases under Public Law 97-37. We also have increased our outreach to former prisoners of war. More than 60 personal and telephone interviews have been conducted with former prisoners of war. The VA film, "A Flag for POW's," has been shown to all employees and to all of the service organization representatives at the regional office. We have made a VA pamphlet 27-82-1, entitled "Former Prisoners of War Benefits Act of 1981," available to all VA medical centers and all VA regional office interview locations. The pamphlet is also mailed to any caller who inquires concerning prisoner of war benefits. All veterans benefits counselors are trained to be responsive and emphatic when contact is made with a former prisoner of war. We are committed to provide very special service to these very special veterans.

Mr. Chairman, that completes my statement. Thank you.

[The prepared statement of Charles Wickes appears on p. 89.]

Mr. MONTGOMERY. Thank you very much, Mr. Wickes. The Chair would like to recognize Mr. Adcock, who is head of the Veterans Center here in Jackson, for any comments he might have.

STATEMENT OF JOSEPH B. ADCOCK

Mr. ADCOCK. Thank you, Mr. Chairman. Mr. Chairman and members of the committee, my prepared text has already been submitted to you. However, I would like to take just a couple of minutes to highlight two items from that text. At the same time, I am honored to be here, and I want to thank the committee for your continued support of the readjustment counseling program for my fellow Vietnam veterans.

During the past 5 months, the Jackson Veterans Center has experienced a 215-percent increase per month in new veterans coming into the center for help. It has also experienced a 312-percent increase in the number of visits by veterans per month. The numbers are increasing. They are not decreasing.

The team also has conducted numerous outreach activities. Among these was the training of some 150 mental health professionals throughout central Mississippi. The subject of this training was the special needs of the Vietnam veterans.

The second item I wish to discuss is the fee provider program. This program is a worthwhile concept of care. At the same time, its present structure places a heavy burden on the veteran center staff to authorize blocks of visits and to approve treatment plans. This results in at least 20 percent of our time being taken away from vets being seen at the veterans center.

At present, we are meeting this demand, but it is doubtful that the team can maintain this responsibility over the long haul, in view of the other workload responsibilities.

Another concern is accountability, that is, monitoring the quality of the services being provided by the contractors. Onsite monitoring of case records at least annually is considered the bare essential to insuring quality of care. However, with the current resources and staffing levels of the veterans center, this, too, becomes quite burdensome.

Mr. Chairman, there is much more that I would like to say but my time has expired. I want to thank you for your consideration.

[The prepared statement of Joseph B. Adcock appears on p. 96.]

Mr. MONTGOMERY. Thank you very much, Joe. That is well-done testimony. The vet centers are playing a key part now in working with the veterans of our country, especially the Vietnam-era veterans.

I believe, Dr. Rowland, you had a question?

Dr. ROWLAND. Thank you, Mr. Chairman. We all know that the speed of a convoy is no faster than the slowest ship in that convoy. I think we can also say that the quality of medical care provided may not be any better than the weakest link in that chain. The great speed of a ship in a convoy may be annulled by a slow ship in that convoy. The quality of medical care may be annulled by a weak link in the chain that provides that medical care. I am particularly concerned with the quality of medical care, and I wish to direct a question to Mr. Warnock, if I may.

I have heard many compliments this morning on the quality of medical care that is provided here, and I wish to compliment you and the other members of the VA here who are providing that quality medical care, but one thing that I heard was the waiting time that veterans have in getting this medical care. You mentioned earlier that there is about a 2½- to 3-hour wait usually for someone to be seen in the outpatient clinics, and to receive medical care. Do you find that a lack of adequate professional medical personnel has anything to do with that?

Mr. WARNOCK. Dr. Rowland, I think I should clarify what I meant by the 2½ to 3 hours. I did not mean that that was a waiting time. I meant that it takes 2½ to 3 hours for the total processing time, from reporting to the counter until we are finished in the admissions office, on the average. But to get to your question, it is obvious that if we had staffing levels that the private sector experiences, we could do a better job, but, by and large, we are adequately staffed.

Dr. ROWLAND. You did mention with reference to the quality of care that it depended on the staff, the numbers that you had, and the expertise that these people had. How many physicians do you have, and I believe that this is a medical-surgical affiliated hospital that you have here. How many professional medical people do you have on the staff?

Mr. WARNOCK. We have 60 full-time equivalent employment in the physician area. A small percentage of those are part time, so that actual number is probably in the range of about 80, but 60 full-time equivalency physicians.

Dr. ROWLAND. And do you find this to be adequate for your needs here at this particular time?

Mr. WARNOCK. Yes. it is as adequate as it can be, considering the economic constraints that we are all under, including the total Federal Government.

Dr. ROWLAND. That brings me to the next question. Do you think more money would be the answer to the problem, and do you have any idea how much more money?

Mr. WARNOCK. I do not have an exact figure, but yes, sir; additional funds would allow us to improve staffing, as well as to meet the ever-rising cost in supplies and services that we have to procure.

Dr. ROWLAND. Mr. Chairman, I just have two other questions that I will quickly ask. Are you limiting non-service-connected veteran outpatient visits due to funding concerns?

Mr. WARNOCK. At the present time, no, sir. We are providing non-service-connected care in both of the programs that we have for non-service-connected veterans, the prehospital care program and the outpatient treatment following hospitalization. With our budget situation as it is, we expect that we might have to limit the very lowest priority level, which is the category to obviate the need for hospitalization, the AC program.

Dr. ROWLAND. One other question with reference to the nursing homes. You mentioned that there are about 90 to 100 people waiting now to get into the nursing home. How long does a service-connected disabled veteran normally wait for admission to the nursing home, and if there are long waits, how many of these people may be in other nursing home facilities.

Mr. WARNOCK. Most, or at least half of the veterans on our waiting list are at nursing homes some other place. We do not have service-connected veterans on the waiting list as a rule. Occasionally, we will have one or two, but it's just a matter of days or a week or so before we can get them into the nursing home.

Mr. **Montgomery**. Thank you, Dr. Rowland. Mr. Hammerschmidt?

Mr. **Hammerschmidt**. Thank you, Mr. Chairman.

Mr. Warnock, I take it that you really have no waiting list from what you have said, and certainly, there are no service-connected veterans on any waiting list.

Mr. **Warnock**. That is correct.

Mr. **Hammerschmidt**. What about elective surgery? Would you discuss the aspects of elective surgery, if there is any waiting list there?

Mr. **Warnock**. We don't have a waiting list per se, but there are scheduled elective surgeries. Normally, the schedules would run a couple of weeks. I don't think any would be scheduled later unless there was some medical reason for delaying the surgery.

Mr. **Hammerschmidt**. Some veterans around the country are saying that the VA has cut back on outpatient medication and prescriptions. Have you, and if so, why?

Mr. **Warnock**. No, sir. At the present time, we are providing all services to the veterans that we accept for care including prosthetics, pharmacy items, whatever is needed, to provide the services.

Mr. **Hammerschmidt**. What is your average waiting time for prescriptions?

Mr. **Warnock**. Do you mean the mail-out program or the window program?

Mr. **Hammerschmidt**. The window program.

Mr. **Warnock**. I think it is running about 15 to 20 minutes at the present time.

Mr. **Hammerschmidt**. That is pretty good. What about the other one, the mail-out program?

Mr. **Warnock**. We have a prescribed limit of 5 days to get the mail-out orders to the patient. Of late, with our heavy workloads, we have had a small percentage running over 5 days, a relatively small percentage. I am required to get a list from the pharmacy service at any time that they have any prescriptions over 5 days old. We ask the veterans to get their refill requests in 10 days ahead of time, so the 5-day limit should be adequate to meet their needs.

Mr. **Montgomery**. You know, we on the committee receive a lot of mail from veterans who would far prefer getting prescriptions from their local pharmacists rather than from the VA. Do you have any comments on the merits of that idea?

Mr. **Warnock**. I think it would be convenient to those that are being served through the fee basis program, since they are out in the community. However, it would cost us quite a bit more to fill those prescriptions in the community.

Mr. **Hammerschmidt**. I just have one more question, Mr. Chairman. Have you cut back outpatient activity within the past year, and if so, why?

Mr. **Warnock**. We haven't exactly cut back, because our number of out-patient visits is higher than it ever has been in the last few years. We are reviewing, however, the non-service-connected outpatient treatment that follows hospitalization to make sure that we aren't providing care to veterans that have exceeded the time limit or no longer need medical care. In the obviate-the-need category, we are being more strict in interpreting what is meant by obviate the need, but our total outpatient load is up a little, about 10 percent over last year.

Mr. HAMMERSCHMIDT. You are aware, I am sure, of course, since we passed that out-patient law, to obviate the need, that some areas of the Sun Belt, particularly Florida, have really been overwhelmed because so many elderly veterans are moving into the Sun Belt areas, and I didn't know if Mississippi was affected that way or not, but so far you are able to cope with that problem?

Mr. WARNOCK. Yes, sir. Our percentage of non-service-connected workload is considerably higher than Florida's.

Mr. HAMMERSCHMIDT. Thank you, sir.

Mr. MONTGOMERY. On one question that Mr. Hammerschmidt asked, there was a summary reaction from the audience pertaining to the dispersing of drugs, I guess through the window. Your time I guess you said was 15 or 20 minutes. Why do you think there was a reaction from the audience?

Mr. WARNOCK. I suppose they disagree with me, but I recall that as being the average processing time the last I checked. Mr. Landry might be able to correct that if I am wrong.

Mr. MONTGOMERY. Mr. Landry?

Mr. LANDRY. I think the processing time is about 15 or 20 minutes. We have clinics that are scheduled for certain times of the day, and we will have a very large group processing through a clinic, at the same time and maybe for an hour or two it will be a longer processing time. When there are supplied or serviced, the delay will be much shorter.

Mr. MONTGOMERY. Do you have a computer, or do you do it manually?

Mr. LANDRY. We are doing it manually now, we are working on getting some of our pharmacy activity on computer. We hope to get all of our mail-out activity on computer first, and then later get the whole program on computer, but we are not on it now.

Mr. HAMMERSCHMIDT. Mr. Chairman?

Mr. MONTGOMERY. Yes.

Mr. HAMMERSCHMIDT. It appears that the audience's reaction to Mr. Landry's response is sort of like the fellow that drowned in the creek that averaged 2 feet deep.

[Applause.]

Mr. MONTGOMERY. Mr. Evans.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Warnock, you testified about the impact of budgetary limitations on staff. Can you tell us what effect budgetary limitations have had on the purchases of medical equipment, and if it has had an impact there, what the decline of quality has been because of those budgetary limitations?

Mr. WARNOCK. We have been quite fortunate in getting equipment to update our facility. At the present time, we have on order, as someone mentioned earlier, a CAT scanner. We also have the very latest equipment for cardiac cath on order. I believe our plant is state of the art. There has been some delay, as we know, of about a year or so in getting the CAT scanner. When we have delays like that, it causes a great deal of inconvenience for the patient and the staff and it creates inefficiencies, but we were able to buy the services on contract.

Mr. EVANS. When do you anticipate getting the CAT scanner?

Mr. WARNOCK. We should have it on the facility in the fall, and it should be operating around the first of the year.

Mr. EVANS. Now, what kind of inpatient or outpatient facilities do you have for the treatment of women veteran patients?

Mr. WARNOCK. Our women patients for the most part need the same kinds of treatment as the men do. In fact, about 90 percent of their problems as I understand it are the same. We take care of most of their needs in our own facility, either as an out-patient or as an in-patient, but through our affiliation with the University of Mississippi Medical School, we are able to get the services that we do not have from them and to provide them a full range of services.

Mr. MONTGOMERY. The Chair recognizes the ranking minority member of this subcommittee, Mr. Hillis.

Mr. HILLIS. I have just a couple of questions. I certainly appreciate the testimony from all of you gentlemen in the various areas, but I address this to Mr. Warnock. What services or functions in the hospital are presently receiving automatic data processing support? Do you have a plan to implement a decentralized hospital computer plan, and if so, do you believe you will have any difficulty in implementing it?

Mr. WARNOCK. As Mr. Landry indicated, the only direct patient service that we are currently developing or starting to install the computers for is pharmacy, but we do have some administrative applications in other areas including surgical service. We are keeping up with the utilization of our operating rooms, and tracking the production of the surgeons. We have a number of other applications. We do have a plan. Our plan calls for us getting a major piece of computing equipment, perhaps as early as September or October, and some 70 or 80 terminals. We are very thankful for that, and I certainly would like to thank the Congress and Chairman Montgomery for all they have done to get the VA automated.

Mr. HILLIS. I would like to address the same question to you, Mr. Wickes, for your office and for the central office.

Mr. WICKES. Well, Congressman, as you well know, we do have the TARGET system upon which we now have just about every benefit that we give to the clients.

Mr. HILLIS. Is that system working well for you?

Mr. WICKES. Yes, sir. I would say that we had one incident where the TARGET system went down for approximately 25 hours, which occurred 1½ weeks ago. That is the only lengthy duration of down time that the station has sustained since its implementation.

Mr. HILLIS. One other question that I want to address to you, sir. I believe in your testimony you talked about the number of younger veterans. Have you seen an increase in their coming to you for help in various areas? I wonder if you could, for the record, break down the areas. It might be helpful for us to know what is concerning them. Is it financial problems, home financing, educational problems, that sort of thing?

Mr. **Wickes**. Well, I would say with today's economy, it would perhaps pertain to jobs, No. 1. We do have the career development center, which has been established, where we will help these people, those needing training for confrontation—well, not necessarily confrontation, but for employment type interviews. We try to train them as best we can by using audiovisual aids. The other area certainly would be with respect to loan guaranty. Again, the average person is out of the home market, but since the implementation of the 12-percent interest rate, we have seen an increase in loan guaranties, and we certainly expect an even more substantial increase if the interest rate should drop at least another ¼ or ½ percent.

Mr. **Hillis**. Thank you. Mr. Adcock, would you care to comment on this same area?

Mr. **Adcock**. As far as the employment is concerned, that is one of the biggest problems, and I would like to point out in my statement that there is a typo. Closer to 70 percent, 75 percent of the people we are seeing are having employment problems, and we do have a DVOP counselor that comes to the veterans center twice weekly. The problem is that there are just not too many jobs available out there because of the economy and that situation.

Mr. **Hillis**. That is all of the questions I have. Thank you.

Mr. **Montgomery**. Thank you.

Bob?

Mr. **McEwen**. Thank you, Mr. Chairman. Mr. Warnock, if I could I would like to just put this average waiting period for prescriptions to bed if I could.

Like Mr. Hammerschmidt, on an average we don't need a topcoat in Cleveland, but on an individual basis, are those prescriptions locked in when the request is made and then when they are delivered? Is there any record kept?

Mr. **Warnock**. Do you mean, the mail-out prescriptions?

Mr. **McEwen**. No. At the window.

Mr. **Warnock**. Well, let me explain. We are fortunate to have the out-patient pharmacy right in the outpatient clinic, so when the patient finishes his visit with the doctor and the nurses, he reports then to the pharmacy and presents a prescription. That is taken. They wait while it is being filled, and then they are called to get their prescription. We have one window operating most of the time. As the demand picks up, we open a second window.

Mr. **McEwen**. But you don't have a time clock where you clock them in when the request is forwarded to you?

Mr. **Warnock**. No, sir, but when we run samples of time to check to insure that we are timely, that is where we get the 15 to 20 minutes.

Mr. **McEwen**. If I could follow up on Congressman Rowland's question about the individual services that a person receives, as you know, it is that original encounter when you form a judgment. You judge a vast department store by the attitude of that clerk. In an educational system, it is the schoolteacher that your son or my daughter has, and in a very similar manner, there are many very dedicated veteran public servants that serve above and beyond the call of duty, with pay not commensurate with the service that they give. Yet I am curious about that original encounter, that first admitting clerk. What is the average pay, and the average length of service, and what sort of educational programs do those clerks have in your facility?

Mr. **Warnock**. I don't know if I can give the average pay, but the typical employee working at the reception counter will be a GS-4. As far as training, our Medical Administration Service uses all of our in-house capability for continuing education, plus they have a specially developed training package. I think it is something like almost 40 hours of classroom training that has been developed in the central office. Included in that is a great deal of emphasis on sensitivity, and the need to deal with veterans in a compassionate way, so we are constantly providing our people education, regardless of the level in the organization, but we do have turnover, and especially in the lower clerical jobs, so it is a constant problem, as someone mentioned earlier, to keep a totally trained and available person in every one of those initial contact jobs.

Mr. **McEwen**. I will just add that as I say, there are many such as you who have dedicated your life to service of the veteran. There are many of us in Congress who seek every opportunity to somehow bring an expression of appreciation to the veteran on behalf of the American people, and yet with all of these avenues, all of these resources, all of these efforts and all of the great dedication, yet it funnels down to a fine, minute conduit, which is that person across the counter when they come in some afternoon for service. I just hope that somehow we can impress on that individual the responsibility that they undertake to represent the entire American population in an expression of gratitude to that veteran. I know it is difficult, but I just want to emphasize to you that if there is any place that we want to encourage longevity, in which we want to encourage compassion, and in which we want to reward, it would be that individual.

Mr. **Warnock**. Yes, sir. I would certainly agree. [Applause.]

Mr. **Montgomery**. The Chair would like to recognize the gentleman from Tennessee, if he has any questions or comments.

Mr. **Sundquist**. Thank you, Mr. Chairman.

I would just like to thank all of those who gave testimony today, and to all of those who were so hospitable to us during our stay. It is nice to be back in a State where I hear absolutely no trace of any accent.

One word before I ask my question, and that is, I would like to reiterate what my colleagues have said about the distinguished chairman. Your district is fortunate to have you, the State is fortunate to have you, and veterans all over the country are fortunate that Sonny Montgomery is the chairman of this committee, and it is a privilege to serve with him. [Applause.]

Mr. **Sundquist**. From Chairman Montgomery's standpoint, there are no Republican problems or Democratic problems. There are veterans' problems, and it is an absolute privilege to be a part of his committee and with the ranking minority member, Mr. Hammerschmidt. I thank everyone who made this visit possible. I know it has given me a better perspective of the problems of the veterans.

I have one question, Mr. Warnock, and that is, you talked about the computers in the hospital in VA care. Have you given any thought to any plans in terms of computers for, let's say, 2 years, and then perhaps longer term, in terms of 5 years? Mr. Wickes or Mr. Adcock may want to comment on that also.

Mr. Warnock. From the hospital standpoint, what we are planning to do, initially, is to automate the entire admission, transfer and scheduling processes in addition to the pharmacy, as I mentioned before. In addition, we will be adding other administrative programs to the computers following that, I would hope no later than 2 years. We hope to link those systems with the clinical laboratory and other diagnostic services, and put computer terminals on each patient ward, so that we can have an instant ordering of the services, and for those diagnostic programs that are online, we will get an instant report back to the ward as soon as the specimen is put into the machine and processed. Beyond that, we haven't given a great deal of thought to it, but there are just all kinds of great things to come out of this computer program that we are going into.

Mr. Sundquist. You already have existing equipment?

Mr. Warnock. We have a limited amount of equipment that we have been able to get some support on, but our major piece of computer equipment will be coming about September, maybe October.

Mr. Sundquist. Mr. Wickes? Would you like to comment?

Mr. Wickes. In the regional office, the computer has truly been a godsend for us. We have, when a person comes in for a face-to-face interview, we have a computer right there in the interview, in the Veterans's Services Division. We no longer have to call for a C file in order to find out any of the problems that may be incurred or encountered. We can pull this information, this data up immediately on the system, and we can take it to the counselor who will be doing the interviewing, and he will have an immediate record before him rather than calling for the folder, which is a time-consuming problem, particularly when that folder may be somewhere else in the regional office itself.

We would, certainly, like to add chapter 31 benefits to the computer system. We can put products in, but we certainly cannot work with some of the other matters that pertain to the rehab program. Loan guaranty certainly should be added to the program somewhere along the line in future years, and I understand they are working on this. They have a microfiche program, but it certainly is not a system with the spontaneous response that we have with the target system, and someday hopefully, when loan guaranty is added, then we will have the entire regional office added to a total computer system.

Mr. Sundquist. Thank you very much. Mr. Chairman, I think my time is up, so I appreciate it. Thank you.

Mr. Montgomery. Thank you.

Let me take this opportunity to thank our witnesses this morning. I think they have been very sincere. They have answered the questions, and we appreciate this. The audience has been especially cooperative. We thank you for being here this morning, for taking the time.

It makes it easy on us in Washington to protect the veterans' programs when you see interest in different parts of the country, and certainly we know that there is a stong and true interest here in Mississippi for veterans' programs.

Finally, I would like to thank my colleagues. This is Holy Week. This is an important time for them to be in their districts across the country, back at their home stations, but they have given up that time in coming to Mississippi. Let's give my colleagues a warm thank you for being in Jackson. [Applause.]

As chairman of this subcommittee, I now say that the subcommittee is adjourned. The subcommittee will meet in Biloxi, Miss. in the morning, at 9:30, at the Biloxi City Hall. We are now adjourned.

[Whereupon at 12:05 p.m., the subcommittee adjourned subject to the call of the Chair.]

APPENDIX

State of Mississippi

State Veterans Affairs Board
IKE SANFORD BLDG.
637 N. President St.
JACKSON, MS 39202

New Capitol
Jackson, MS

March 29, 1983

Mr. Chairman, Distinguished Members of the Subcommittee on Oversight and Investigations: It is a distinct and humbling honor to appear before you today. Initially, I would like to bring greetings to you from the Honorable William F. Winter, Governor of the State of Mississippi, and the Members of the Mississippi Veterans Affairs Board, of which I am the Executive Secretary.

My testimony this morning deals primarily with Veterans Administration guidelines. I will not have any major comments on National Legislation because I feel that this is the responsibility of the Congressionally Chartered Veterans Organizations. My personal observations will be limited to the Department of Veterans Benefits. My observations are of the local Regional Office, but, the impact of these observations are felt in this State as well as Nationally.

I have been both a VA claims technician, agency administrator and a veteran's advocate for some ten years and the problem that I am about to discuss was present before I arrived, is present now and will most likely be present once I have gone if steps are not taken now to correct this simple procedural problem. Before my organization, or any other recognized veterans organization, has access to a veteran's records, a VA Form 23-22 must be completed and signed. These documents are not being processed to the best ability of the Veterans Administration.

When the POA Form is not properly input into the VA system, we do not receive VA correspondence or award information that pertains to the veteran or dependents that we are representing. At this point, the problems begin to compound by geometric progression.

In a time when fiscal limitations are upon us and staff reductions are apparent, it is not the time to increase the workload upon those positions that are being eliminated. The one simple act of not entering a POA Code into the Target System or having the POA Code removed because of a softwear error when an award is adjusted, seems to me a problem that could be easily corrected with only an issuance of a simple office memorandum. I have been informed that VACO, at the present time, is trying to improve the control over the input of POAs. I believe there needs to be a bit of reenforcement added to insure the completion of this project by VACO. It is for this reason that I am asking for your assistance in insuring VACO completes this all important undertaking.

If I could continue on this same problem a little longer, I wish to offer you an idea that may further reduce the work in the records area of the Adjudication Division. Presently before the Administrator, is a letter requesting that the National Association of Directors of Veterans Affairs receive accreditation from the Administrator to represent veterans before the VA. If this accreditation is granted, the constant change in POAs that result as the veterans move from state to state, will be reduced very significantly. At present, there are 46 States, four U. S. Territories and the District of Columbia that belong to NASDVA. If NASDVA was recognized as a representative, with each state, U. S. territory and D. C. as members, then the need to change POA as the veteran moves from area to area would be removed.

I would now like to turn my attention to a new requirement that will involve considerable cost to this State. In the very near future, all veterans will have to verify their dependents by submitting a new certified copy of all births, deaths and divorce and marriage decrees if the veteran or surviving spouse wishes to continue being paid for additional dependents. On the surface, this does not present very much of an economic burden, however, in this State, these records are supplied by the Bureau of Statistics and the local County Courthouse which charge the veterans for these documents. I can ask for a waiver of these charges by a State Law, but, somewhere someone's time is utilized in reproduction and mailing of these documents. The cost of these documents will either be paid by the veteran or his dependents or absorbed by the State. I cannot, in good faith, ask my State to pick-up this additional cost. Let me make an example: Suppose a veteran has two children, a wife with a previous marriage. In this example, the veteran would have to order four documents from perhaps one or more states. I would estimate cost of this procedure to be anywhere from $15 to $20. Now if this example were applied to the 25,000 plus veterans receiving benefits in this State, you can then easily imagine what a large monitary undertaking the VA is asking of this State's veterans. My suggestion is that you allow veterans to supply notarized copies of original documents that are maintained in the family's records or utilize those notarized documents already in the veteran's VA claims file. A conservative estimate of the cost of supplying certified documents of eligible dependents would be in the range of $350,000. I do not believe that this is a just cost that needs to be placed on this State's veterans.

The Department of Memorial Affairs has been in contact with me many times in regard to this State obtaining a grant for a State Veteran's Cemetery.

My only misgivings at this time about pursuing such a program is the cost of upkeep of the property for infinitum. All the states that now have State veteran's cemeteries, some were built with VA grants, are experiencing several problems. First, the present wording of the law that awards service-connected death benefits does not allow payment of the $150 plot allowance to the state that operates State veteran's cemeteries. Second, present VA guidelines imply that when a claim for burial is made, it is also the claim for the $150 plot allowance. The second problem exist only when the funeral director is not aware that the veteran is to be buried in a State cemetery or the funeral director resides in another state and does not have knowledge that the veteran is being buried in a State cemetery. I have been informed that these two problems occur about 10% of the time. However, when one is planning to operate a program that must be self-sustained, a 10% nonpayment could cause the program to fold. The suggestion I have for the correction of these two problems would be that the service-connected death law be changed and that the Regional Offices stop automatically paying burial and plot benefits in those states that operate a State veteran's cemetery.

While in the area of cost to veterans, I would like to point out an inequity that affects all persons that have an overpayment charged against their VA account. I must believe that the VA is of the opinion that all overpayments are the fault of the recipient. The person with the overpayment begins to have money withheld at the instant the overpayment is noted and interest will be charged on the unpaid balance. I have always been told; "that when there was a doubt, that doubt, should be resolved in the veteran's favor." The charging of interest and withholding of monitary benefits from an eligible recipient is an obvious disregard of "resolving the doubt" in the favor of the veteran.

I know of several incidences where a veteran's overpayment is being withheld for 18 months or more because the veteran appealed the overpayment decision. The reason for the long delay is that the veteran's appeal has been remanded twice back to the Regional Officer for development. I do not have a grievance with the BVA or the local Regional Office because of the long development time. They are doing their required jobs. However, I do believe there needs to be a change in the guidelines that govern the withholding of moneys that would be paid the veteran or spouse until a just decision has been reached in regard to the cause of the overpayment.

I have heard rumors that the law requiring interest to be charged on all debts owed the VA, to include those that an agreement has already been reached and at the present time is being repaid monthly in good faith, is to be changed. I sincerely hope that what I am hearing is correct because if I were one of the veterans that had a signed agreement with the VA and the present law were to continue in force, I would be forced to secure legal counsel in an effort to seek relief.

My last complaint is one that has great specific impact upon a very limited number of people. This Agency contracts with the Veterans Administration to operate the State Approval Agency. The contractual agreement with VA is; we will provide the employees, within VA guidelines, and the VA will reimburse the State for the expense of the State Approval Agency. To date, I have yet to receive the first payment of any of the expense vouchers that I have submitted to the VA. I am operating this Agency out of State funds that were appropriated to me for other state services. The initial payment in the past has always been late, but, this year it has been beyond reason. I have not yet received a signed copy from the Veterans Administration that they agree to reimburse me for this service. If there is not some action taken soon, I will be unable to meet my payroll during the months of May and June. The payroll that I am referring to is for the entire staff of the State Veterans Affairs Board. I am imploring for your immediate assistance in solving the ever worsening problem.

In closing, I would like to address Mr. Lamar Warnock, Jackson VA Medical Center Director, with grateful thanks for allowing me to locate a Service Officer in the Jackson, VA Medical Center. I think he will agree that my positioning a Service Officer in his Hospital has made a very positive impact in trying to solve many problems within the VA Medical system. In fact, I do not feel that I would be going out too far on a limb in that he would agree that all VA Hospitals throughout the Nation should have at least one State Service Officer in each VA Medical Center. These people will develop a valuable interface between the veterans and their problems and the VA's ability to understand exactly what the veterans' problems are. This is cooperation - and we have it here in Jackson VAMC. I would also like to compliment the Veterans Administration on their new positive approach to improve healthcare services to this Nation's smallest minority of veterans-women veterans. The area of women veterans has long been pushed aside which has resulted in many hard feelings and coarse words to be spoken about this Nation's best healthcare delivery system. I hope that the MEDIPP will take into consideration the needs of this Nation's women veterans.

I would like to conclude my testimony with one item of national importance. There is legislation presently in the U. S. Senate, sponsored by Senator Strom Thurmond and co-sponsored by Senator Thad Cochran, that would make the

Administrator of The Veterans Administration a full member of the President's Cabinet. I fully support this measure and hope that the Senate will pass the Bill. I am sure that once the House of Representatives has a chance to act upon this measure, that you will act favorably upon it.

Mr. Chairman, I thank you for the opportunity to testify today and hope that you enjoy your visit to this historical location and the Deep South. Good day gentlemen.

MEMBER
PRESIDENT
1980 - 1981

Mississippi Veterans Affairs Board
FRANK GODWIN
EXECUTIVE SECRETARY

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The American Legion
Department of Mississippi

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OFFICE OF
DEPARTMENT COMMANDER

Chairman Montgomery and other Distinguished Members of Congress:

We welcome you to Mississippi which is known as the Hospitality State and we hope that our hospitality will be adequate during your stay. We share, along with you, a sincere desire to assist the Veterans of our Wars. Generally, we are very happy with Veterans affairs in the Jackson Regional Office and the Hospital. However, there are a few things that we believe would improve Veterans care and they are;

1. For the VA Hospital to acquire a C. A. T. Scanner, as this device is becomming very useful in the medical field.
2. We believe the waiting period before seeing a Doctor could be shortened. Frequently after waiting, Veterans are told they will have to come back later.
3. Veterans who have a service connected disability necessitating wearing a prosthesis are being denied clothing even though they are eligible.
4. There is too much delay in getting prescriptions filled and mailed back to Veterans. In some instances if a prescribed medication is not available the Veteran is not advised - he just fails to receive it.

We are not accusing anyone of not doing their duty, but these are complaints that we frequently hear and we believe warrants looking into. Again, we thank you for your interest and we appreciate the opportunity to make this statement.

Respectfully,

MACK CURRIE
Department Commander

"For God and Country..."

STATEMENT OF
RILEY A. SMITH, COMMANDER
DEPARTMENT OF MISSISSIPPI
DISABLED AMERICAN VETERANS
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION
OF THE
HOUSE COMMITTEE ON VETERANS AFFAIRS
MARCH 29, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the more than 5,900 members of the Disabled American Veterans, Department of Mississippi, I wish to thank you and the members of the Subcommittee for providing us this opportunity to express our concerns regarding the quality of medical care and disability benefits programs for the Disabled Veterans in the State of Mississippi.

The Disabled American Veterans, Department of Mississippi, would like to take this opportunity to express our sincere appreciation for the efforts of this Subcommittee regarding the medical care and benefits delivered by the Veterans Administration to the Veterans in the State of Mississippi.

At the onset, Mr. Chairman, the Department of Mississippi, Disabled American Veterans would like to say that we seem to have, at best, a fair medical care program. We have various discrepencies that seem to fall on deaf ears once it passes the Director of the Centers.

We have noted a lack of comparison to all Veterans shown by clerks and doctors. The Veterans are being advised if they are not service connected or in receipt of non-service pension benefits, they are not eligible for treatment. This constitutes unfortunate hatred to the system and alienation because of unaware and unconcerned staff.

We have intervened in [illegible] instances where the Veteran has an appointment and waits for [illegible] hours for his records to be located, yet, when the records are located [illegible] examiner is gone for the day and another appointment has to be set up [illegible] later date.

There are instances that [illegible] physicians or interns will inquire as to the amount of money the Veteran [illegible] before examining him then state to the Veteran, you are in receipt [illegible] money than I am receiving, therefore, I cannot or will not give [illegible] favorable report. This is unacceptable and must be corrected.

We note the out-patient clinic has a staff of three doctors to complete the task of treating an average of 100 to 150 patients per day and we have noted that not only do they not receive support from the other staff during overload but recently have been instructed that they cannot prescribe certain drugs without the prescriptions being signed by two doctors who were chosen by a select group or committee. We would ask that this be reviewed because we feel when a licensed medical member writes a prescription, he should be questioned only if he has made an incorrect diagnosis and this was noted at that time.

We would like to bring to your attention the fact that prosthetic items are being blatantly denied and in some instances, the person upon return home, will get a letter stating the appliance was approved upon further review. This seems to happen quiet frequently.

We note the rating examinations seem to be of very short duration and not legible in certain clinics. The examinations are inadequate because they are not in accordance with the Physicians Guide as requested by the Rating Agency for the major of examinations. The examinations are delayed sometimes as much as 90 days for failure to get the examiner to sign the examination or the Chief of Out-Patients Care to approve the examination for rating purposes. We ask the Committee to see if this can be rectified.

We would like to bring a serious problem to your attention at this point to conclude our known discrepencies in the medical benefits delivery system in the State of Mississippi. We have noted that the majority of appointments are being scheduled at 3 different times during the day and no service connected priority in seeing the physician is noted. The first to get to the clerk is the first to see the doctor no matter what his priority may be and there are cases where 100% and Ex-POW's have waited 6 to 8 hours to see the examiner when they had priority over the Veteran's already seen and treated. This is a serious problem and we ask this be looked into.

We ask your careful review of the compensation and pension benefits delivery program for the State of Mississippi.

We feel there are many areas which improvements need to be made and bias decisions be left at home.

The Compensation Benefits Program in the State of Mississippi is lacking implementation of changes regarding progress in all aspects. By this we mean, leave the old ideas and theories to the past and implement the new theories and medical practices for rating cases. Don't forget this is a person who gave for this country and try to do him justice.

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First, the Rating Boards must be given their authority without restriction or bias opinions.

Second, the representatives must have their appointment of representatives of record and in the computers in order to receive the correct information regarding his clients.

Third, the Adjudication Officers must assure the Boards that they must rate the claims based on the evidence and liberal understanding of the conditions and not bias them as to develop a case for 6 months then state the original evidence of record is sufficient to rate a case.

Fourth, the Rating Agency must assure the Disabled Veterans in the State of Mississippi that they in fact know the guidelines and request examinations for Post Traumatic Stress Neurosis and POW related psycho-neurosis for liberal rating principles and compassionate application of the laws. We note the POW examinations are lacking depth and history necessary for rating purposes.

We summarize the Compensation and Pension Benefits delivery aspect with the request that more investigation should be given to the diagnosis and denial rate of the Post Traumatic Neurosis cases in this area. The delay in original denial and reversal before letting this case leave this area should be monitored. The facility here in Jackson, MS is fortunate to have access to the screening clinic and is believed by the Rating Agency to be too liberal based on more clear cut diagnosis.

The Ex-POW's have still not received the health care and benefits liberalization reflected in the recent laws. The Rating Agencies give no more compassion or liberal application of the laws to Ex-POW's than the other claimants. The reasonable doubt in application of benefits is still administered without liberal application and has complicated the Ex-POW's plight to request and receive treatment and compensation for their faithful service to this country.

This concludes my testimony, Mr. Chairman. I again wish to thank you and the members of this Subcommittee for providing the Disabled American Veterans the opportunity of appearing here today.

* * * *

STATEMENT OF

GUY THORNTON, COMMANDER
DEPARTMENT OF MISSISSIPPI
VETERANS OF FOREIGN WARS OF THE U. S.

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS
U. S. HOUSE OF REPRESENTATIVES

WITH RESPECT TO VETERANS ADMINISTRATION
HEALTH CARE AND BENEFITS

JACKSON, MISSISSIPPI MARCH 29, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

Thank you both for holding this oversight field hearing here in Jackson, Mississippi and permitting me to appear and express my views on behalf of the more than 26,000 members of the VFW in Mississippi. We are proud, Mr. Chairman, to count you as one of the Life Members of VFW Post 79 in Meridian.

Mr. Chairman, we are fortunate, indeed, to have such a fine medical center consisting of 455 hospital beds and 120 nursing home care beds here in Jackson. We are pleased with the overall operation of this facility and most of the problems we encounter are directly attributable to inadequate funding and staffing. There are two areas in particular where understaffing has an adverse affect on the care furnished our veterans and they are:

1. The shortage of registered nurses which averages about 20 at any given time. We understand this problem exists nearly throughout the VA health care

system and we are hopeful that improvements made in the Nurses' Scholarship Program authorized by Public Law 96-330 and in pay and work schedules for nurses made by Public Law 97-251 will bring more nurses to our facilitiy.

2. The shortage of housekeeping personnel leaves much to be desired in maintaining a high state of cleanliness and sanitation.

Unfortunately, Mr. Chairman, the hiring of low entry grade level administrative personnel and those not fully qualified for the positions they hold has caused problems. We find that clerical personnel in the admitting office have at times been assuming responsibilities for which they are neither trained nor authorized. In one particular incident the service-connected priority card of a veteran rated 10 percent service-connected and 100 percent non-service-connected was torn up by a woman in the admitting office because in her opinion he was not entitled to have both cards. Another unfortunate situation exists in prosthetics which has been without a Chief of Service for over one year and is presently being run by an Acting Chief who is apparently still undergoing a learning process. For example, an amputee who is in receipt of pension and aid and attendance was told he was not eligible for a prosthesis furnished by the Veterans Administration. Both situations were corrected when brought to the attention of higher authority, but neither should have happened.

Another area of growing irritation is the waiting time to see a physician. Our own Service Officer who is a service-connected disabled veteran recently waited from 10 minutes after 12 to 3:40 p.m. to see a physician. We realize more and more veterans are applying for care, but we believe every effort should be made to reduce the time between being admitted and seeing a physician.

Although we have a fine nursing home care unit here in Jackson, there is always a large waiting list for admission. It is my understanding that the new

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building could be expanded upward by two floors to accomodate another 120 operating beds and I would suggest that consideration be given to funding for such construction at the earliest possible date.

With respect to veterans' benefits, Mr. Chairman, I constantly hear two complaints which are as follows:

1. The denial of the $300 VA burial allowance unless the veteran at the time of death was entitled to compensation or pension as a result of the Budget Reconciliation Act of 1981.

2. The 1982 Budget Reconciliation Act requires veterans seeking a VA guaranteed home loan to pay a user's fee of one-half of one percent of the total amount of the loan unless the veteran is entitled to compensation for a service-connected disability. Veterans advise me that this user's fee added to points they must pay to obtain a loan requires them to pay more interest than if they took a conventional loan. It is my understanding this home loan fee is temporary until September 30, 1985, but too often temporary measures have turned out to be permanent.

Mr. Chairman, your letter of invitation to testify requested my comments with respect to Public Law 97-37 which expanded benefits for former prisoners of war. One of the provisions of that law provides service-connected benefits for former prisoners of war held captive for 30 days or more for psychosis and any of the anxiety states. Although some former prisoners of war have received service-connection for their disabilities under the new law, others have been denied because of the required diagnosis. From reading testimony recently given before the Senate Veterans' Affairs Committee by our National Legislative Director, I learned that one of the provisions of S. 578, introduced by Senator Simpson, would amend 38 USC 312(b) by granting presumptive service-connection for depressive neurosis which is supported by the VFW. We also believe presumptive service-connection should also be established for psychophysiological disorders.

This concludes my testimony, Mr. Chairman, and my colleagues and I will attempt to respond to any questions you may have. Again, I thank you for this opportunity to appear before your Committee.

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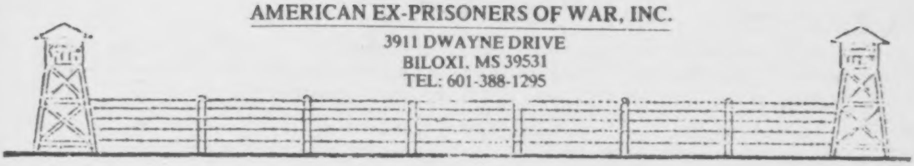

STATEMENT

of

DEPARTMENT OF MISSISSIPPI
AMERICAN EX-PRISONERS OF WAR

presented by

CLAUDE E. COCKRELL
DEPARTMENT COMMANDER

from

INFORMATION PROVIDED BY
THE
MISSISSIPPI EX-PRISONERS OF WAR

MARCH 29, 1983

JACKSON, MISSISSIPPI

Mr. Chairman and Members of the Subcommittee:

The American Ex-Prisoners of War, Department of Mississippi, appreciates the opportunity to appear before this Subcommittee to present our views on the Oversight and the VA's implementation of Public Law 97-37, which expanded eligibility criteria for certain VA benefits and health care to former prisoners of war.

First, Mr. Chairman, the Mississippi Ex-Prisoners of War would like to let you and your committee know how deeply appreciative we are for your continued interest in the welfare of these men who were incarcerated by a hostile enemy and subjected to inhumane treatment. Prior to the POW STUDY, May, 1980, we had little hope of ever receiving medical treatment through the VA system for our POW related medical problems. Unfortunately, many of our POWs died without ever realizing any of these benefits. The POWs still living, most of whom are in their twilight years, welcome your interest in the oversight and investigation of the implementation of Public Law 97-37.

The local VA Hospital in Jackson, Mississippi, with few exceptions, is to be complimented for the effort being made to implement PL 97-37. The health care delivery and the attitude of the personnel in the Dental Clinic toward POWs is rated almost unanimously as superior. We applaud their dedication!

The major finding derived from the POW Study, May 1980, was that the medical repatriation procedures written for World War II and Korean POWs were not fully implemented in the medical area. Now, Sir, we wish to bring to your attention that the Rating Boards/Appeal Panels require documented "evidence of medical records" of which none exists for the POWs. The purpose of THE STUDY was to recommend actions necessary to assure that former prisoners of war receive compensation and health care benefits for all disabilities which may "reasonably" be attributed to their internment. In actual practice, there is no such thing as the Rating Boards/Appeal Panels making a favorable decision for the POW based on "reasonable doubt". The POWs feel intimidated when asked to provide records substantiating their claims when there are none. "Buddy statements" carry no weight whatsoever. Rating Boards/Appeal Panels actually affording the POW "benefit of doubt" in adjudicating a claim is a joke! Ratable diseases as specified in PL 97-37 are denied by every Rating Board/Appeal Panel in the country because of a lack of "evidence of record".

In order to allow the Mississippi POWs to have a voice in this hearing we have compiled the results of a questionnaire mailed to them just days ago. We would like to discuss several significant observations with you. We will address the largest group first. 249 of the men held captive in Germany responded to the questionnaire. 47% of this number were wounded at time of capture. 39% were wounded during incarceration. Combine this with the 74% who were ill during incarceration with such diseases as cholera, chronic dysentery, typhus, diptheria, hepatitis, pellegra, intestinal parasites, mumps, measles, tuberculosis, scurvy, colds, influenza, pneumonia, fungus diseases of the skin, and the horrid infestations of body lice. The combined average weight loss for this group was 48 pounds for an average length of incarceration of 10 months. The average age at time of incarceration was 23 years. 76% of these men reported mental torture, harassment and ridicule during imprisonment in addition to a diet of starvation. Upon repatriation, only 39% of our Mississippi POWs stated that they received adequate physical examinations upon repatriation. Gentlemen, the aforementioned points are but a few of the items that are seldom if ever questioned by the examining physician. The physician's report, for compensation purpose, is based solely upon his clinical observation at the time of examination. Subsequently, the Rating Boards/Appeal Panels base their decision solely upon the physician's report with total disregard for those disabilities which may "reasonably" be attributed to their internment.

The present average age for the Mississippi POW held captive in Germany during World War II is 63.5 years. It is significant that 71% of this group feel that their job potential has been affected by their POW experience, while 77% REPORT PHYSICAL HANDICAPS THAT THEY INTERPRET AS POW related. 75% REPORT PROBLEMS WITH THEIR NERVES. Of this category, 76% report periods of depression, 36% have had thoughts of suicide, 71% report problems sleeping, 71% have dreams/nightmares of their POW experiences and 73% avoid crowds. This response makes it clear that anxiety states exist, but the Rating Boards/Appeal Panels continue to deny the POW the "benefit of doubt" in the "absence of evidence", even when PL 97-37 expressly states, "psychosis or any of the anxiety states which became manifest to a degree of 10 per centum or more shall be considered to have been incurred in or aggravated by such service." 84% of the examining doctors never questioned the POW concerning his incarceration experience. 78% of the POWs reported that they were suffering from gastro-intestinal problems and 41% report heart related diseases. Only 13% feel that they have been justly compensated for the damages incurred or aggravated by their POW experience.

47 POWs from the Pacific theater responded to the questionnaire. The average age for this group at time of incarceration was 23 years, with an average internment of 39 months. The average weight loss was 71 pounds. Their present average age is 63.2 years. 36% were wounded at time of capture and 70% reported injuries incurring during incarceration. 98% suffered illnesses during incarceration while 92% reported mental torture. 74% reported problems with their nerves. 15% of this group felt they had been justly compensated for their damages.

7 POWs incarcerated in Korea responded to the questionnaire. Their average age at time of incarceration was 20 years with an average internment of 22 months. Their average weight loss was 68 pounds. 57% were wounded at time of capture and 57% were wounded during incarceration. 85% reported experiencing mental torture. 86% report problems with their nerves. The average age of the Korean POW in Mississippi is 52.4 years. 20% of this group feel they have been justly compensated for their damages.

Since only 2 Vietnam POWs, with vastly differing situations, responded to the questionnaire, we feel it unfair to make a comparison in this group of veterans.

These statistics represent the tabulations from 295 POWs responding to the questionnaire. We feel this information, provided you by the Mississippi POW community, is evidence to alert you to the Oversights of Public Law 97-37. We thank you.

GERMANY SUMMARY	Avg.	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
1 How long POW?	10 mo									
Age at time	Yrs 23.27									
Wounded at time of capture	46.58% 109	125	5							
Wounded during incarceration	29.26% 75	116	48							
Ill during incarceration	73.70% 157	56	26							
Weight loss	Lbs. 49.47									
Mental torture/ridicule/ or harassment?		75.89% 170	54	15						
Physical exam on repatriation		39.35% 85	60.64% 131	23						
2 Present age	Yrs 62.62									
Did you change jobs often?	20.45% 45	175	19							
Job performance potential affected?	70.50% 153	37	22							
Do you have a physical handicap now?	77.20% 166	49	24							
Any mentally retarded children or genetic impairment?	7.85% 15	176	48							
Schooling before capture	Yrs 10.6%									
Schooling after capture	*67-Yrs 2.9									
Alcoholism?		20.08% 46	183	10						
Stress related accident?		26.69% 59	162	18						
Ever had nervous problems?		75.10% 172	57	10						
Periods of depression?		76.23% 170	53	16						
Thoughts of suicide?		36.36% 80	140	19						
Problems sleeping at night?		71.12% 165	67	7						
Dreams or Nightmares		70.56% 163	68	8						
Difficulty discussing problems (POW) with doctors?		53.27% 122	107	10						
Avoid crowds?		73.30% 173	63	3						

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GERMANY SUMMARY (Continued)	Avg	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
3 Ever VA patient?		149	83	7						
Denied treatment?		27	182	30						
Dr. aware of disease affecting POWs?		15	146	78						
Did Dr. question you/POW		29	84.70% 155	55						
Was exam for illness/comp?					98	90				
How long did you wait for exam?	140 dys 20.19									
How long did you spend with Doctor?	153 min 29.9									
Tests performed because of POW status		21	155	63						
Attitude of hospital personnel?							114	93		
Examined by Psychiatrist?		84	116	39						
Dental treatment?		112	91	36						
Eye cl. treatment?		71	136	32						
Glasses?		73	136	30						
Medical Prescription?		131	80	28						
Protheses?		50	101	88						
Quality of VA health care?							83	112		
4 T.B.		9	221	9						
GI Problems		77.88% 169	48	22						
Heart trouble		41% 93	132	14						
Other Problems		159	35	45						
Other Problems										
Do you feel any of your problems POW related?		147	34	58						
NSC Pension?		18	185	36						
SC comp?		60.51% 141	92	6						
Award before Oct. 1, 1983		114	44	81						

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GERMANY SUMMARY (Continued)	Avg.	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
Award since Oct. 1, 1981		34	122	83						
Do you have a claim pending?		31	70	138						
Claim denied since Oct. 1, 1981		56	107	76						
Did you appeal?		37	63	139						
Was appeal denied?		19	46	174						
Did you appear before a rating board		8	89	142						
Did your spouse testify?		8	85	146						
Did you submit Buddy statements?		17	68	154						
Did they give benefit of reasonable doubt?		12	58	169						
Exclusive weight on records?		25	54	160						
Rating boards attitude?									16	28
Did rating board appear knowledgeable re: POW?		4	41	194						
Do you feel you have been justly compensated?		3.8% 17	106	116						
Any oversight?		7	-	63						

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JAPAN SUMMARY	Avg.	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
1 How long POW?	39 mos									
Age at time	22.6 yrs									
Wounded at time of capture		36% 17	29	-						
Wounded during incarceration		28	12	7						
Ill during incarceration		44	1	2						
Weight loss	71.1 lbs									
Mental torture/ridicule/ or harassment?		92% 45	2	-						
Physical exam on repatriation		28	15	4						
2 Present age	63.2 yrs									
Did you change jobs often?		12	34	1						
Job performance potential affected?		36	10	1						
Do you have a physical handicap now?		33	11	3						
Any mentally retarded children or genetic impairment?		5	30	2						
Schooling before capture	11.5 yrs									
Schooling after capture	18 yrs 2.8									
Alcoholism?		12	34	1						
Stress related accident?		16	27	4						
Ever had nervous problems?		74% 35	12	-						
Periods of depression?		34	11	2						
Thoughts of suicide?		14	31	2						
Problems sleeping at night?		30	16	1						
Dreams or Nightmares		36	10	1						
Difficulty discussing problems (POW) with doctors?		24	23	-						
Avoid crowds?		28	16	3						

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JAPAN SUMMARY (Continued)	Avg.	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
3 Ever VA patient?		34	12	1						
Denied treatment?		4	40	3						
Dr. aware of disease affecting POWs?		5	33	9						
Did Dr. question you/POW		9	26	8						
Was exam for illness/comp?					20	18				
How long did you wait for exam?	28 days 23									
How long did you spend with Doctor?	31 min. 32									
Tests performed because of POW status		7	27	13						
Attitude of hospital personnel?							27	8		
Examined by Psychiatrist?		23	18	6						
Dental treatment?		33	11	3						
Eye cl. treatment?		21	22	4						
Glasses?		19	21	7						
Medical Prescription?		26	14	7						
Protheses?		7	15	25						
Quality of VA health care?							22	18		
4 T.B.		6	41	-						
GI Problems		39	6	2						
Heart trouble		19	24	4						
Other Problems		39	4	4						
Other Problems										
Do you feel any of your problems POW related?		35	4	8						
NSC Pension?		2	44	1						
SC comp?		39	8	-						
Award before Oct. 1, 1983		36	2	9						

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JAPAN SUMMARY (Continued)	Avg	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
Award since Oct. 1, 1981		6	18	23						
Do you have a claim pending?		6	22	19						
Claim denied since Oct. 1, 1981		13	3	31						
Did you appeal?		8	6	33						
Was appeal denied?		7	7	33						
Did you appear before a rating board		5	14	28						
Did your spouse testify?		1	16	30						
Did you submit Buddy statements?		7	13	27						
Did they give benefit of reasonable doubt?		7	13	27						
Exclusive weight on records?		8	10	29						
Rating boards attitude?									6	8
Did rating board appear knowledgeable re: POW?		15%	13	34						
Do you feel you have been justly compensated?		5	28	14						
Any oversight?		8	1	14						

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KOREA SUMMARY	Avg.	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
1 How long POW?	22.14 mo.									
Age at time	20 yrs									
Wounded at time of capture		57 4	3							
Wounded during incarceration		57 4	3							
Ill during incarceration		3	3	1						
Weight loss	68.33 lbs.									
Mental torture/ridicule/ or harassment?		85.71 6	1							
Physical exam on repatriation		4	3							
2 Present age	52.4 yrs.									
Did you change jobs often?		2	4	1						
Job performance potential affected?		6	1							
Do you have a physical handicap now?		5	1	1						
Any mentally retarded children or genetic impairment?		3	3	1						
Schooling before capture	10 yrs.									
Schooling after capture	4 yrs. 3.7									
Alcoholism?		1	6							
Stress related accident?		2	5							
Ever had nervous problems?		80% 6	1							
Periods of depression?		5	2							
Thoughts of suicide?		3	4							
Problems sleeping at night?		5	2							
Dreams or Nightmares		5	2							
Difficulty discussing problems (POW) with doctors?		4	3							
Avoid crowds?		4	3							

KOREA SUMMARY (Continued)	Avg.	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv Needed
3 Ever VA patient?		6	1							
Denied treatment?		4	3							
Dr. aware of disease affecting POWs?			4	3						
Did Dr. question you/POW			2	5						
Was exam for illness/comp?					3	3				
How long did you wait for exam?	5 days 7									
How long did you spend with Doctor?	7 min. 30									
Tests performed because of POW status		1	5	1						
Attitude of hospital personnel?										
Examined by Psychiatrist?		4	3							
Dental treatment?		4	3							
Eye cl. treatment?		3	4							
Glasses?		1	6							
Medical Prescription?		4	3							
Protheses?		2	5							
Quality of VA health care?										
							1	4		
4 T.B.			7							
GI Problems		6	1							
Heart trouble		3	4							
Other Problems		5	1							
Other Problems										
Do you feel any of your problems POW related?		7								
NSC Pension?		1	6							
SC comp?		5	2							
Award before Oct. 1, 1983										

KOREA SUMMARY (Continued)	Avg.	Yes	No	Unkwn	Comp	Illness	Satis.	Unsatis.	Satis.	Improv. Needed
Award since Oct. 1, 1981			4	3						
Do you have a claim pending?		1		6						
Claim denied since Oct. 1, 1981		3	2	2						
Did you appeal?		2	1	4						
Was appeal denied?		1	1	5						
Did you appear before a rating board?		1	2	5						
Did your spouse testify?		1	2	4						
Did you submit Buddy statements?		1	3	3						
Did they give benefit of reasonable doubt?		1	2	4						
Exclusive weight on records?		2	1	4						
Rating boards attitude?									1	2
Did rating board appear knowledgeable re: POW?		1	1	5						
Do you feel you have been justly compensated?		1	4	2						
Any oversight?										

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VIETNAM SUMMARY										
1 How long POW?	3.5mo.	7.3yrs								
Age at time	25	27								
Wounded at time of capture	No	Yes								
Wounded during incarceration	No	Yes								
Ill during incarceration	No	Yes								
Weight loss	5 lbs.	95 lbs.								
Mental torture/ridicule/ or harassment?	Yes	Yes								
Physical exam on repatriation	Yes	Yes								
2 Present age	35	45								
Did you change jobs often?	No	No								
Job performance potential affected?	No	Yes								
Do you have a physical handicap now?	No	Yes								
Any mentally retarded children or genetic impairment?	No	No								
Schooling before capture	16	16								
Schooling after capture	MD	2								
Alcoholism?	No	No								
Stress related accident?	No	No								
Ever had nervous problems?	No	Yes								
Periods of depression?	No	Yes								
Thoughts of suicide?	No	No								
Problems sleeping at night?	No	No								
Dreams or Nightmares	No	No								
Difficulty discussing problems (POW) with doctors?	No	Yes								
Avoid crowds?	No	No								

#1 VIETNAM SUMMARY (Continued)										
3 Ever VA patient?	No	Yes								
Denied treatment?	No	No								
Dr. aware of disease affecting POWs?	-	No								
Did Dr. question you/POW	-	No								
Was exam for illness/comp?	-	Comp								
How long did you wait for exam?	-	2 hrs								
How long did you spend with Doctor?	-	30 min								
Tests performed because of POW status	-	No								
Attitude of hospital personnel?	-	Ok								
Examined by Psychiatrist?	-	No								
Dental treatment?	-	Yes								
Eye cl. treatment?	-	Yes								
Glasses?	-	No								
Medical Prescription?	-	No								
Protheses?	-	No								
Quality of VA health care?	-	N/G								
4 T.B.	No	No								
GI Problems	No	No								
Heart trouble	No	Yes								
Other Problems	-	No								
Other Problems	-	ref. form								
Do you feel any of your problems POW related?	-	Yes								
NSC Pension?	No	No								
SC comp?	Yes	Yes								
Award before Oct. 1, 1983	before	before								

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#1 VIETNAM SUMMARY (Contined)										
Award since Oct. 1, 1981	No	No								
Do you have a claim pending?	No	No								
Claim denied since Oct. 1, 1981	-	No								
Did you appeal?	-	N/A								
Was appeal denied?	-	N/A								
Did you appear before a rating board	-	N/A								
Did your spouse testify?	-	N/A								
Did you submit Buddy statements?	-	N/A								
Did they give benefit of reasonable doubt?	-	Yes								
Exclusive weight on records?	-	Yes								
Rating boards attitude?	-	N/A								
Did rating board appear knowledgeable re: POW?	-	?								
Do you feel you have been justly compensated?	-	Yes								
Any oversight?	-									

American Ex-Prisoners of War

CONGRESSIONALLY CHARTERED
NATIONAL HEADQUARTERS
2306 WILMER DR. • GRAND PRAIRIE, TX 75051

Statement of

EARL DERRINGTON
NATIONAL SENIOR VICE COMMANDER
NATIONAL LEGISLATIVE OFFICER

before the

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION
UNITED STATES HOUSE OF REPRESENTATIVES

on

the VA's implementation of Public Law 97-37
which expanded eligibility criteria for
certain VA benefits and health care to
former prisoners of war

MARCH 29, 1983

JACKSON, MISSISSIPPI

Mr. Chairman and members of the Subcommittee:

The American Ex-Prisoners of War, as well as the former prisoners of war from the State of Mississippi, appreciates the opportunity to appear before this Subcommittee to present its views on oversights and the implementation of Public Law 97-37 and health care delivery by the VA.

While we will not go into detail, The POW Study of Former Prisoners of War, May 1980, established the fact that the government was negligent in documenting medical records of repatriated prisoners of war, prior to the Vietnam era. Even though the government has been long addressing the needs of this group, the POWs remain patriotic to the United States of America. It should be recognized that these are the men who served their country on the front-lines of the battlefields during a time of war. These same men, who were subjected to inhumane treatment by hostile enemy and unduly harsh confinement on foreign soil, ask that you examine the implementation of PL 97-37, effective October 1, 1981, and be open to oversight review as presented in this report.

Firstly, the local VA Center Director, must be complimented on his personal effort to implement PL 97-37. He has been most receptive and did correspond by mail with the known POWs residing in Mississippi relative to the increased benefits available to them. However, his effort is at times over-shadowed by the callous attitude of some of the VA employees. For example, when the POW Medical Coordinator was asked to talk to the POWs regarding health care delivery by the VA his attitude was such that one of the Non-Medical Coordinators apologized the following day for the physician's attitude. Later, the Director was requested to invite the POW Medical Coordinator to talk to the POWs so that they would be aware of his appointment. The Director appeared alone. We are not questioning the physician's capability, but we are concerned about the attitude of this POW Medical Coordinator who is unwilling to communicate with the very group he has been appointed to serve. The POWs are not deserving of this kind of sham!

We have also had complaints from POWs in Mississippi concerning the attitude of VA personnel employed in the Prosthetics Department, Jackson, Mississippi. Their attitude toward some of the POWs amounts to verbal abuse. At least one case was alleged to have been denied a prescription because of persuasive influence upon the doctor to deny a previously prescribed prosthetic. There are others.

In reviewing the ages of the Mississippi POWs at the time of incarceration and considering the wounds incurred before and during incarceration, it is obvious that malnutrition played a significant role in the deterioration of cell structure in these young men. The already depleted protein reserves were inadequate to heal his wounds. Many of these young men were still in their years of body growth at time of capture. It is a medical fact that marasmus and kwashikor, the most serious forms of malnutrition, under these circumstances can occur in days, not weeks or months. The six month eligibility for dental treatment has even overlooked those men wounded at time of capture and those wounded during incarceration who needed increased nutrition. It is therefore recommended that the time limit of six months to be eligible for dental treatment be deleted.

In quoting from The POW Study, "Further evidence of a significant amount of psychoses among former POWs many years after repatriation comes from the National Academy of Sciences-National Research Council follow-up studies, published between 1946 and 1980, which suggest that the significantly higher amount of POW deaths from the time of repatriation to the present, attributable to suicides, accidents, and other forms of trauma could well be due to the extreme psychological stress of the POW experience. Now, gentlemen, I refer you back to the questionnaires submitted by the Mississippi POWs. Time after time, the POWs are turned down on their claims because they cannot produce medical records substantiating their claims of nervous conditions. POW psychological problems known as the K-Z syndrome was addressed by the study as follows, The onset of the K-Z syndrome is usually shortly after liberation although in some cases it remains latent, not becoming apparent until years later. Meerlo described the clinical progression of the condition - an initial, acute attack of anxiety, apathy, depression and/or psychosomatic complaints followed by an 'incubation period' in which these feelings are suppressed. This phase - which may last for years - is called the 'bridge period.' The psychological defense mechanisms used for emotional supression during this period eventually disappear, culminating in a reappearance of the original anxiety and related symptoms in chronic form." Public Law 97-37 expressly states that psychosis or any of the anxiety states which become manifest to a degree of 10 per centum or more after active military, naval, or air service, notwithstanding that there is no record of such disease during the period of service." The response to the questionnaire is proof positive that this illness is being denied service connection, at wholesale rate, by the rating/appeals board in Mississippi. There is reason to believe this is happening elsewhere also.

Almost 100% of those responding to the Mississippi questionnaire reported gastro-intestinal problems secondary to their period of malnutrition in which they battled dysentery, helminthiasis, strongylosis and other gastrointestinal diseases. Time after time, the POWs are denied their claims even when PL 97-37 explicitly recognizes chronic dysentery and helminthiasis to have been incurred in or aggravated by service, notwithstanding that there is no record of such disease during the period of service. Denials of these claims are well documented. They are available for your review. In the absence of records the POWs are not given the benefit of doubt.

It is obvious, after studying the questionnaires, that the examining doctors are either indifferent or totally unaware of the unique problems affecting the POWs. Few doctors ever even question the POW about what diseases, illnesses or treatment he was subjected to during internment. May we suggest that specialized training be mandated for the examining physicians so that they may be knowledgeable of what to look for in this group of veterans.

The POW Flag, a film produced by the VA, to sensitize the employees to the psychological and health problems of the POWs, did an excellent job in this respect. In the closing statement, however, the VA employees were urged to give POWs the "benefit of doubt" in benefits and other matters. This is pure "whitewash"! The following is a quote from Dr. Charles A. Stenger, National Consultant for Legislative and Veterans Affairs and suports this claim, "The possibility of VA employees actually giving "benefit of doubt", particularly in regard to claims of service-connection, is almost totally negated by the definitions VA follows in regard to the application of the "reasonable doubt" and related principles. Among my volunteer services to the American Ex-Prisoners of War, I represent individuals before the Board of Veterans Appeals as well as provide advice and assistance in preparing claims of POWs for DVB rating board action. From my own personal experience, now involving hundreds of cases, I don't know of a single one in which "reasonable doubt" has been used to come to a favorable rating board or decision for a POW. In practice, rating boards and appeals panels place exclusive weight on the "evidence of record" and this invariably is clinical evidence. I believe it is understandable that VA personnel, if they remain bound by the narrow definitions and rigid practices that characterize current DVB rating panels and BVA boards, will have cynical reaction to the film's closing encouragement to give the POW the "benefit of doubt". It will also have a hollow insincere ring to POWs who have learned the hard way that the only thing that really counts is clinical evidence from non-existant military services or discharge records."

Dr. Stenger continues, "If these VA regulations truly reflect the intent of Congressional action on behalf of POWs over the years, they surely should be modified for POWs, since this group can't possibly meet them". If there are regulations that VA, on its own, can modify to achieve fairness for POWs who have no way to meet criteria actually used by VA, I would certainly hope that VA Officials at long last take action to do so. Please make no mistake about it, VA Officials directly involved in these issues are fully aware of the consequences of the regulations as they affect the POW. Platitudinous phrases, found in virtually every rating panel and appeal board decision, express "appreciation" of the terrible trials and tribulations POWs experienced yet end with a comment that they are unable to do anything to decide otherwise. I can tell you POW after POW who is deeply disillusioned by such phrases and feels "let down" by his country. VA has recently initiated many fine steps to help POWs, but in respect to procedures for determination of service-connection, it gives only the appearance, not the substance of positive action.

Public Law 97-37 provides treatment of POWs at a priority equal to that of a 50%service connected veteran. Presently, there is no service-connection for having been a POW. We feel that the long term and latent health problems resulting from continued stress and malnutrition associated with the harsh treatment of prison experiences should be rated as service-connected.

The effects of families of POWs should also be addressed. No attempt has been made by the VA to help the families cope with the physiological and psychological illnesses experienced by the POWs. The socio-economic effect of prisoner of war experience also needs exploring.

Finally, Public Law 97-37 has been in effect since October 1, 1981 and some of the VA Hospitals and Satellite Stations are lagging far behind in delivery of this law. We recommend the accountability of those persons negligent in their duty.

Your interest in the Oversight and the Implementation of Public Law 97-37 is greatly appreciated by this patriotic and patient group of veterans. Thank you.

PREPARED TESTIMONY OF MISSISSIPPI VIETNAM VETERANS LEADERSHIP PROGRAM FOR MARCH 29, 1983 HEARING IN JACKSON, MISSISSIPPI BY SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS OF THE COMMITTEE ON VETERANS' AFFAIRS OF THE UNITED STATES HOUSE OF REPRESENTATIVES

Mr. Chairman, I am Rhesa H. (Rees) Barksdale, currently serving as Chairman of the Mississippi Vietnam Veterans Leadership Program, a volunteer organization. I am a lawyer practicing in Jackson, Mississippi, and appreciate the invitation to advise this Committee of our plans for the Mississippi Vietnam Veterans Leadership Program.

I graduated from the United States Military Academy in 1966, and had the privilege of serving in Vietnam in 1967-1968. My duties there included service as a Platoon Leader and Troop Executive Officer with C Troop, First Squadron, First Cavalry, in the Americal Division. Decorations received included the Silver Star, Bronze Star for Valor, and Purple Heart. But the greatest honor was to serve with fellow Americans, whether they were career soldiers or draftees. They fought hard and well and with great success.

Presently serving with me on the Executive Committee for the Mississippi Vietnam Veterans Leadership Program is Arlin C. Ruthven, a fellow lawyer and West Point graduate (1967), who commanded an infantry company in Vietnam with the First Air Cavalry Division and lost a leg from wounds received from machine-gun fire. Among other decorations, Mr. Ruthven was awarded the Silver Star and Purple Heart.

I understand from your invitation that the subjects of this hearing are admitting practices and the quality of health care and benefits delivered by the Veterans' Administration to Veterans in Mississippi, as well as the Veterans' Administration's implementation of Public Law 97-37 which expanded eligibility criteria for certain Veterans' Administration benefits and health care to former prisoners of war.

As you know, except for a salaried Program Director and possibly paid administrative assistants to that Director, the Vietnam Veterans Leadership Program is a volunteer project. As one of the applicants for the position of Program Director in our Program so aptly put it, it is "Veterans helping Veterans." I do not think that the purpose of our Program could be expressed better.

The Program is sponsored by ACTION, the national volunteer agency, and funding of approximately $50,000 a year is provided. The National Program began with five pilot projects in November, 1981, and funding will be provided through September, 1984.

The Mississippi Vietnam Veterans Leadership Program is just getting started. We are presently interviewing applicants for the position of Program Director and expect to fill that position within the next few weeks. Articles which appeared in newspapers in Jackson and Biloxi in late February, 1983, helped successfully initiate our Program by generating interest in the Program, by advising interested persons of the opening for Project Director, and, most importantly, by causing Veterans in need of help to begin contacting us. As part of my testimony, I am submitting copies of those two articles.

We will soon be submitting the necessary grant papers to the National Vietnam Veterans Leadership Program with ACTION, and upon receiving our grant, and hiring a Program Director, we will be ready to shift our Program into high gear. In addition to the Program Director, we intend to have an Executive Committee, of which I will initially serve as Chairman. We also intend to have an Advisory Committee to assist us. We will start with an office in Jackson, Mississippi, and hope to have sub-programs and offices, possibly, located throughout Mississippi. This is a volunteer effort. We hope to keep "red tape" to a minimum, so that we can concentrate on our mission: Veterans helping Veterans.

Needless to say, before we can help to solve problems, we need to know what those problems are. Statistics provided by ACTION show that approximately nine million Americans served in the Armed Forces from 1964 through 1973, the Vietnam War years. In Vietnam alone, approximately 2.7 million Americans served. Almost 58,000 Americans gave their lives in that War and of the

270,000 who were wounded, more than 21,000 were disabled and almost 5,000 of those lost one or more limbs. We want to help those Veterans in Mississippi who need help. Our primary aim is to help Vietnam Era Veterans, but we want to provide what assistance we can to any Veterans who need it.

I have been amazed at the number of calls I have received since late February from people--primarily Vietnam Veterans--who want to help. They come from almost every walk of life, but have one objective in mind, to help their fellow Veterans. And I have received numerous calls from Veterans who need help, such as help in finding or keeping a job, or help in obtaining benefits to which they are entitled. And I have appreciated greatly calls from Federal or State agencies that want to help Veterans and are pleased that this Program will assist them in doing so.

The purpose of our Program is not to duplicate or overlap services already provided by agencies such as the Veterans' Administration or the Mississippi Employment Security Commission. We are not attempting to take the place of the American Legion, or the Veterans of Foreign Wars, or the Disabled American Veterans. We do hope to work with all of those agencies and their programs and, among other things, to act as liason between those agencies, organizations, and programs and the Veterans that need their help.

One of our main objectives will be to put Veterans in need of jobs in touch with Veterans who can employ them or assist them in getting employment, or who can help in upgrading Veterans' employment. As noted, another major objective will be to assist Veterans in obtaining the benefits to which they are entitled. Our hope is that some Veterans in need of help will find it easier, or more comfortable, to initially express that need to other Veterans.

Should a need exist for our Program after September, 1984, we hope to secure sufficient private funding to continue the Program. The Program does not exist for itself. When and if a need for the Program ends, the Program will end.

The Vietnam War in most respects was no different from other Wars in which our Country has been involved. Americans served proudly, fought well, and endured not only the hardships and dangers that accompany any War, but the painful separation from their families, loved ones, and homes. Many Americans died in that War or were wounded, and many will carry the effects of those wounds for the rest of their lives.

But the Vietnam War was also different in many respects from other wars we have known. Service in that War was rather short, only a year. We were fighting in a War in which you could not tell friend from foe. We were trying to help establish a government that many of the people in South Vietnam could not understand; and many did not want. Our Armed Forces were greatly restrained in conducting the War, and we did not have the traditional objectives that could assist in measuring progress. Veterans of that War did not come home to parades or, in many instances, to even a cordial welcome.

I could continue along this line, but the point I am simply trying to make is this: that the Vietnam War was a unique experience. Persons who fought in that War shared that experience, and perhaps, this is why they have such concern for their fellow Veterans of that War. As stated, I have been very moved by the many offers of help I have received for our Program in less than a month. Those offers give me great hope for the success of our Program and a renewed sense of appreciate for the people who make up this great Country and for the opportunity presented through service to this Country in the Vietnam War. We were right in being there. Our Armed Forces fought in that War, as well, or perhaps even better, than ever. And those same Veterans are now stepping forward to help their fellow Veterans and assist them in truly coming home.

Thank you again for the opportunity to be with you today.

APPEARING IN THE DAILY HERALD

MISSISSIPPI COAST, TUESDAY AFTERNOON, 2-22-83

Program to link Mississippi Vietnam vets under way

E.A.Q. FENTRESS
Capitol Bureau

JACKSON, Miss. — The scene is the swank University Club on the 22nd floor of the Mississippi Bank. Lunching together are two attorneys, college chums who now work with downtown law firms.

It is not the picture that immediately comes to mind at the mention of "Vietnam veteran."

The two U.S. Military Academy graduates, Rees Barkadale and Cotton Ruthven, want to bring together Mississippi's Vietnam veterans — both those for whom life has been good and those who have experienced rougher times.

The operation is part of the Vietnam Veterans Leadership Program, a short-term federal project designed to link Vietnam veterans. About 45 other such projects have been working or are being formed around the country.

The Mississippi program is still in the paperwork stage, but it may be operating by early summer.

The federal project is the brainchild of a Dallas, Texas, Vietnam veteran who noticed the number of successful Vietnam veterans at a reception in his city. He wondered what would happen if the prosperous veterans were linked with the less fortunate.

According to Barkadale, the main focus of the program is on either finding work for Vietnam veterans or upgrading their employment.

The Mississippi project would enlist employers, particularly those who are Vietnam vets themselves, to notify the program about job openings, he said.

Barkadale and Ruthven are seeking other Vietnam veterans in Mississippi who would like assistance and also those interested in helping once the project gets going.

"It's totally apolitical," Ruthven said. "We want to get blacks, whites, enlisted people and women."

The Coast figures prominently in the plans because of the number of veterans at the military bases and medical facilities nearby.

"There are more on the Coast than anywhere," said Ruthven. "The Coast is an area where we can get a great deal of help from the military community."

Ruthven, a member of West Point's class of 1967, lost one leg in machine-gun fire during his 18 months in Vietnam. He was with the First Air Cavalry Division, fighting in Quang Tri province, the Ashau Valley, and near Nui Ba Den.

Barkadale, a 1966 West Point graduate, was with the Americal Division and spent most of his 11 months about 30 miles south of the port city Da Nang. He, too, was wounded.

Both men received several medals, including the Silver Star, the Army's third highest medal for

Please see
VIETNAM VETS, A-3

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bravery.

Despite their similar experiences, they have different opinions on the image of Vietnam veterans.

The 38-year-old Barkadale does not believe veterans have a bad image in conservative Mississippi, where the military traditionally has had respect.

"I'm not sure the image needs help in Mississippi," he said.

But Ruthven, 37, recalled talking with one veteran who hid his Vietnam service when applying for jobs for fear of being considered unbalanced.

"When one veteran tells me he doesn't put it on his resume because he doesn't want to be identified with all those crazies, there is a problem," he said.

Ruthven believes that the decade-long delay in starting the project may be due to an unconscious desire of successful veterans to avoid identification with Vietnam.

On the other hand, Barkadale said, "Maybe it's because people were busy getting their own careers going."

Now that veterans like themselves have launched their professional lives, Barkadale believes the time has come to help other veterans.

The next step for the program is finding a full-time state director, who must be a Vietnam veteran.

Federal funding for the $50,000-a-year state project will end in September 1984, but it could continue through private financing.

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ARTICLE APPEARED IN CLARION LEDGER
ON FEBRUARY 22, 1983

2 Jacksonians forming veterans' self-help group

By LOLO PENDERGRAST
Clarion-Ledger Staff Writer

No one but a veteran can understand the problems of a veteran.

It is on that premise that two Vietnam veterans from Jackson are organizing the Vietnam Veterans Leadership Program, a self-help league of former fighting men in Mississippi.

The group primarily will assist other Vietnam veterans with employment and upgrading employment. The organization also will be a go-between for any former military man who needs help from another social service or assistance agency.

"We want veterans to contact us," said Cotton Ruthven, a Jackson attorney who was disabled in the Vietnam War. "Vets are leery about contacting anyone who would want to help them. If they know that we went through the same thing, they're more likely to come forward."

Ruthven is on the executive committee of the newly formed group in Mississippi.

President Ronald Reagan announced the formation of the nationwide leadership program on the eve of Veterans Day in 1981. The Mississippi program will receive $50,000 per year through September 1984. Officials with ACTION, a national volunteer agency, supervise the state-by-state programs.

Financial contributions to the organization are tax deductible.

"This is another vehicle for recognizing the service rendered in Vietnam," said Rees Barksdale, a Jackson lawyer who is serving as chairman of the state program. "We'd like to help some of the folks who didn't get the welcome home that other veterans did."

Barksdale said the group will seek the assistance of other wars' veterans, men who have been through the same trauma of returning home from conflict.

"We don't know anyone who claims that Vietnam was any tougher than any other war. We'd like to incorporate (other veterans) into the program. They're a valuable resource," he said.

The attorneys said program officials also would work closely with established organizations like the American Legion, Veterans of Foreign Wars and disabled veterans groups.

"We want to identify all the things that are available to veterans," Barksdale said. "Even I don't know all the things that are available."

The group first is searching for a director, a person "with the energy and the brainpower" to run such an organization for two years. That person, a paid employee, would serve as liason between veterans and employers, as well as between veterans and other assistance groups.

Anyone interested in the position of program director or in joining the program may contact Barksdale at 948-5711.

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STATEMENT OF
BOBBY ORMAN, LEGISLATIVE DIRECTOR
MID-SOUTH CHAPTER
PARALYZED VETERANS OF AMERICA

BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION
OF THE
HOUSE COMMITTEE ON VETERANS AFFAIRS

MARCH 29, 1983

Mr. Chairman, and distinguished members of the subcommittee, the Mid-South Paralyzed Veterans welcomes this opporutnity to appear before this subcommittee and present our views on health care in the Veterans Administration. This statement is specifically addressed to issues that have immediate effects on the Spinal Cord Injured Veteran (SCI); however, the majority of our observations on the VA and its medical system can be applied to all veterans.

There is an obvious, increasing demand on the Veterans Administration's medical facilities. With the vast number of veterans ages 65 and over, already utilizing their medical benefits, combined with a large majority of WWII and Korean veterans rapidly approaching age 65, veterans retired from the private sector unable to afford the high cost of private health insurance and private medical care, the younger, unemployed veterans forced to turn to the Veterans Administration for medical care, expansion of the VA health care systems and more adequate facilities must be provided. I believe that the Veterans Administration 1984 budget reflects this need in providing an increase of funding for construction projects. Fortunately the 1984 budget appears to provide more adequately for the veterans and their increasing needs, than did the 1982 and 1983 proposed budgets.

The free-standing, two-story, Spinal Cord Injury Center targeted for the Memphis area is a welcome sight for the spinal cord injured veteran. The final plans have been approved with the groundbreaking ceremony scheduled for June 1983; however, the Mid-South PVA feels that the four-bed wards have been allotted inadequate space to allow for gurneys, litters, and wheelchairs associated with the Spinal Cord Service. With the aging of SCI veterans, more long-term care must be provided, preferably located near SCI Centers. Veterans with SCI injuries seldom gain admission to the standard VA nursing homes, which requires the Spinal Cord Service to utilize beds for the long-term care patients.

Combined with the VA's need for more adequate facilities, remains the shortage of qualified personnel. The Mid-South PVA is especially concerned with the shortages of Registered Nurses and also the shortage of qualified nursing assistants. We often find that personnel hired to fill the positions of the nursing assistants are physically incapable of the heavy lifting which is essential to the Spinal Cord Service. PVA would welcome more incentives to recruit and retain qualified medical personnel, similiar to Public Law 97-251, the "Veterans' Administration Health-Care Programs Improvement and Extension Act of 1982." We believe that the VA's Department of Medicine and Surgery is capable of attracting young medical professionals to career positions, and PVA would encourage any further action taken by Congress.

There is an apparent problem with the waiting periods for scheduled outpatient appointments. It is not unusual for the VA hospitals to schedule over 30 patients for one appointment time, forcing veterans to wait several hours, with many of the veterans cancelling their appointments and rescheduling them at a later date. There is also more expedience required by the pharmacy, often veterans have to wait over two (2) hours to have prescriptions filled. I fail to understand the lack of efficiency in an operation as large as the Veterans Administration Health Care Facilities.

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
U. S. HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
MARCH 29, 1983
NEW CAPITOL BUILDING
JACKSON, MISSISSIPPI

REMARKS BY J. L. WARNOCK
CENTER DIRECTOR
VA MEDICAL CENTER, JACKSON, MISSISSIPPI
MARCH 19, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUB-COMMITTEE:

I appreciate the privilege of testifying before your Committee. I will address the program and activities of the VA Medical Center, Jackson, Mississippi.

OVERVIEW:

First, I will present an overview of our mission and services, and then address the major subjects of this hearing on admitting practices and the quality of health care and benefits delivered by the Veterans' Administration to veterans in Mississippi, as well as the VA's implementation of Public Law 97-37 which expanded eligibility criteria for certain VA benefits and health care to former prisoners of war.

The mission of this facility is to carry out, in accordance with law and regulation, patient care, health manpower education and medical research. These activities are carried out within a philosophical framework that commits us to provide the highest quality programs possible within available resources and demands for services.

Our patient care programs include the full range of primary, secondary, tertiary and long term services. The majority of our services are provided by VA staff through the VA facilities at Jackson which include the following:

- A 455 bed acute care hospital
- A 120 bed nursing care unit
- The outpatient clinics

The on-site services are provided primarily to 166,000 veterans residing in 50 Central Mississippi counties and 6 East Central Louisiana Parishes. Approximately 8.5% of our workload is generated by veterans residing outside our PSA.

Medical, Surgical, Neurological, Mental Health, and Dental services, typically provided by an acute care facility, are available at the Center. Those few services not available in-house are obtained either by contract with local hospitals or by transfer to other VA Medical Centers. During Fiscal Year 1982 we admitted 15,959 veterans and provided 83,193 outpatient visits.

In addition to the on-site services, we are the clinic of jurisdiction for the State of Mississippi and, as such, administer the Fee Medical, Fee Dental and Contract Hospitalization Program for the entire state. These programs which exist for non-service connected veterans rated for A&A and Housebound, WWI veterans, and service-connected veterans allow us to provide routine ambulatory care services and emergency care for veterans who do not live within reasonable commuting distance of a VA facility. During FY 1982 we provided the following clinic of jurisdiction services:

23,308	Outpatient Visits (By Community Physicians)
162,072	Prescriptions for drugs and supplies (By VA Staff)
7,659	Prescriptions for drugs and supplies (By Community Pharmacists)
1,406	Days of Private Hospital Care
406	Dental Cases (By Community Dentists)
70,000	Prosthetic Items (By VA Staff)

We utilize other community services such as nursing homes, home health services, and other facilities to supplement VA programs when appropriate. VA provides financial support for those eligible and essential coordination for those veterans not eligible. For service at VA expense currently, we have approximately 55 patients placed in community nursing home at VA expense.

The second major component of our mission is Health Manpower Education. The Center, through affiliation agreements with several schools and universities, provides clinical education experiences for students at the undergraduate, graduate and post graduate levels in a wide variety of health fields including Professional, Allied Health Professionals, Nursing, and Administration. The major affiliate is the University of Mississippi Medical Center in Jackson. Through this affiliation, we provide major portions of clinical training in the areas of Medicine, Dentistry, Nursing, and Allied Health Professionals. During FY 1982 1,163 individuals received all or a part of their training in our facilities.

The third component of responsiblity is medical and health services delivery research. We have approximately 40 staff members engaged in research with major emphasis at the present time focused on Hematology, Sickle Cell Disease, Sleep Disorders, Oncology, Vietnam Stress, Hypertension, Cardiovascular Risk Modification; planned research efforts include Aging of the Bone Marrow and Stroke. The current budget is approximately one million dollars. We are very pleased that our investigators have competed well for Merit Reviewed research grants and that their contribution to the advancement of medical knowledge has been exceptional as evidenced by the number of publications and the program growth.

ADMITTING PRACTICES

The Center follows the general guidance of VA regulations and priorities established by law in the admitting practices for the hospital and nursing home care unit. Veterans seeking care in the hospital are referred by several sources as follows:

(1) Self
(2) Jackson VA Medical Center Clinic
(3) Other VA Facilities
(4) Non-VA Physicians
(5) Other Local Medical Facilities

The majority of our 25,000 applicants annually are either self-referred or referred from one of our 50 outpatient clinics. Referrals come as far away as Mobile, Alabama and Pensacola, Florida.

The application process is rather typical in that administrative eligibility is first ascertained, and then the patient is given a medical examination to determine medical need. If emergent care is needed, the administrative eligiblity determination is expedited or completed within an appropriate time following emergent care.

The Admission Office, which makes the decisions regarding medical need, is staffed by full-time staff physicians during normal work hours and by housestaff physicians during off hours, weekends and holidays. The admitting physicians have available to them a full range of specialists who are available for consultation and/or evaluation of patients with special needs. While appointments to the Admission Office are encouraged, approximately 12% of the patients coming for evaluation to determine need have appointments. Priority is afforded to those with appointments, and the drop-in (non-scheduled) patients are given priority in accordance with the VA's policy. Patients hospitalized in a non-VA facility or under a non-VA physicians's care are normally referred by the patient's physician by direct contact with a VA staff physician who makes the decision on medical need.

With the exception of two to three short periods a year, when the hospital occupancy is essentially 100%, there are no delays in obtaining a bed; thus, we normally do not have a waiting list. However, many patients are scheduled for admission at a future specified date because of medical or scheduling purposes. For instance, the patient may need pre-hospitalization care to condition him/her for surgery or the needed service is scheduled at specific times for elective problems.

Most of the patients who apply at the Center are in need of some type of care as evidenced by our current acceptance rate of 89%. About 47% of those applying are admitted to the hospital or scheduled for future admission.

The Nursing Home Care Unit (opened in 1977) operates at full capacity. Due to the demand and limited capacity, we have a waiting list that averages 90-95. The waiting list, however, does not normally include service-connected veterans and about one-half of those on the waiting list are currently in a nursing home. The service-connected veteran is given first priority for admission to the unit. Non-service connected veterans are given priority based on medical need, the current status (hospitalized, in nursing home, etc.) and the time at which the application was made.

QUALITY OF SERVICES

The quality of services rendered by this facility is measured in a variety of ways including scope and level of available services, staff expertise, patient satisfaction, the processes of care, and overall resources, including the physical plant.

The Jackson VA Medical Center provides a full range of clinical and diagnostic services which are state-of-the-art and in keeping with contemporary medical practice. This includes all routine medical and surgical services plus special programs such as Alcohol Treatment, Mental Hygiene Clinic, Nuclear Medicine, Invasive Cardiac Catheterization and Non-Invasive Cardiac testing, Ultrasonography, Chronic and Acute Hemodialysis, Specialized Radiological Diagnostic procedures, Doppler Laboratory for non-invasive evaluation of vascular diseases-surgical.

The staff includes approximately 60 FTEE full and part-time physician staff (80% certified and 100% with academic appointments), 410 nursing staff (204 RN's), and 206 Allied Health Professionals. The total medical care employment is approximately 1,200 FTEE.

A comprehensive internal Quality Assurance Program is carried out at the Center in accordance with accepted standards. Through this program we examine utilization of services, prescribing practices, patient satisfaction, patient incidents, and overall appropriateness of care. We participate in external review programs such as the Joint Commission for Accreditation of Hospitals, the VA's Systematic External Review Program, and various other VA and non-VA bodies, such as veterans service organizations review programs. We are fully accredited by the JCAH and have uniformly received excellent reports from other groups.

The veterans we serve have, on the whole, given us excellent ratings. This perception is based upon informal contacts, the VA's Patient Satisfaction Surveys, mail received from veterans, and others such as Congressional offices. The only consistent complaint is the time required for an outpatient visit to the Center, especially the Admission Office. The last time-study made reflects that it takes an average of 2.5 to 3 hours to complete an application and determination of need process. In view of the high percentage who report without an appointment, the scope of evaluation and different services received, I believe this to be reasonable, but we are striving for improvement.

We have been fortunate in obtaining support from the Congress and our Central Office in upgrading our 21-year-old physical plant. During the past six years we have constructed a 120-bed Nursing Home, a Research and Education Building, and renovated a substantial part of the original facility to update it and to accommodate new or changed programs. Some of these include replacement of both Intensive Care Units, a Hemodialysis Unit, total renovation and expansion of Ambulatory Care facilities, improvements to the utility systems, energy conservation projects and renovation of the clinical laboratory. We have under construction a wing to provide more office space and will shortly begin design for a warehouse. In summary, the plant is in relatively good condition.

We do not expect to have a need for major construction during the next ten years except that which may be needed to accommodate changes brought about by our MEDIPP planning efforts.

Likewise, much of our clinical equipment has been updated. We have on order two major items--replacement equipment for cardiac catheterization and a CT scanning unit.

EXPANSION OF ELIGIBILITY FOR EX-PRISONERS OF WAR (PL-97-30)

The congressional authority to provide hospital, nursing home, and staff medical outpatient care to ex-prisoners of war without regard to other administrative eligiblity factors is appreciated.

According to the latest figures, there are 354 ex-prisoners of war with 217 receiving some type of VA monetary benefits residing in our service area. Prior to the legislation, service-connected ex-POW's and non-service connected ex-POW's were utilizing the Center under existing eligibility. The increase in services since the new law has not been accurately determined, but we know by observation there has been some increase. The major accomplishment of the law, from the medical care standpoint, has been to remove most of the administrative obstacles to providing full care without question.

Shortly after the regulations were received, the changes in benefit eligibility were brought to the attention of our staff through conferences, memorandum, and policy change. At the same time we wrote to all identifiable ex-POW's residing in Mississippi. We outlined the benefits and identified a medical and administrative staff member as the 'expert' on services available to ex-POW's. Since that time we have marked all clinical folders with a label which identifies the patient as an ex-POW and we have continued through means available, including a VACO video tape and advisory information, to keep our staff informed regarding policy and the unique problems of this veteran category.

TRENDS AND THE FUTURE

This Center, not unlike many VAMC's, has experienced considerable growth in our programs during the past several years. This is reflected by our basic indicators of workload (patients treated and outpatient visits) which have increased 40% and 12% respectively over the last five years. Perhaps more contributory to the total workload and associated cost increases has been new technology, new procedures and pharmaceuticals, general inflation, and the change in age mix of our patients.

The aged veteran is the major challenge for the future. We are already feeling the impact. For instance, in FY 1982 we admitted 40% more patients 65-years-old and over than we did in FY 1980.

The latest available demographic data reflects that our service area population will drop slightly from 166,560 to 152,780 by 1990. However, during the same period, the population age, 65 and over, will increase from 18,600 to 54,950. Considering the fact that our utilization rate (with the exception of

Psychiatry) is 50-60% higher and the average length of stay is about two days more for this age groups vs. the 55-64 age group, the impact is readily visualized. This all relates to acute care. In addition, the changes will bring a corresponding need for additional long-term care.

As mentioned above, we have the 120-bed Nursing Home Care Unit and utilize community nursing homes for long-term care. The current planning schemes for long-term care beds would provide for an expansion of the use of community homes and, hopefully, a State Veterans Home. In addition, we must look for alternatives to bed care such as Residential Care Program, Day Care Centers, Hospital-Based Home Care and other options. Concurrently, we are attempting to increase our knowledge, expertise, and resources for care of the aging through expanded clinical education and research activities, and by application for special VA programs such as the GRECCS.

Coupled with the impact of aging is the overall increase in demand for services in all age groups. Although we have been fortunate to obtain regular increases in our budget, the increases have not been sufficient to meet the needs of those requesting our services. Simultaneously, the general economic conditions and perceived cutbacks in non-VA health care programs, we feel, are causing veterans to seek services from the VA who would otherwise use non-VA sources.

Thus far, we have been able to essentially meet all needs for inpatient hospital care and to serve those veteran outpatients with the highest priorities for care. Because of limited resources, we do not provide non-emergent services to non-veterans such as active duty military, military retirees, and employees of other government agencies. It is apparent that should current trends continue, we will have to place more restrictions on care of non-service connected veterans, as provided by laws and regulations. During FY 1982 veterans without a service-connection accounted for approximately 35% of our outpatient visits. Non-service connected with no VA benefits make up about 39% of the hospital discharges.

In summary, I feel the VA Medical Center in Jackson is providing quality services to our veterans in a cost efficient manner. Thank you.

BEST COPY AVAILABLE

STATEMENT OF CHARLES W. WICKES

DIRECTOR

VETERANS ADMINISTRATION REGIONAL OFFICE

JACKSON, MISSISSIPPI

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

HOUSE OF REPRESENTATIVES

Mr. Chairman and Members of the Committee:

It is a pleasure to welcome you, other subcommittee members and members of your staff to Jackson, Mississippi. On behalf of the Regional Office, I would like to express our sincere appreciation to you and your subcommittee for conducting this hearing in our State. I personally am grateful for the opportunity to testify before this subcommittee. I am accompanied today by our Adjudication Officer, Mr. James O. Crane, and our Loan Guaranty Officer, Mr. Willie E. Fletcher, who will assist me in providing answers to any questions that may arise.

Mr. Chairman, with your permission, I would like to provide you with a brief summary of our operations. The Regional Office in Jackson, Mississippi, is one of 58 regional offices within the Department of Veterans Benefits. In terms of workload, the Jackson Regional Office ranks 33rd in size and usually processes about 1.2 percent of the national workload. Statistical data for Mississippi relating to veterans benefits can be found in Attachments A and B. The Jackson Regional Office has jurisdiction of veterans benefit programs throughout the State of Mississippi. Benefits administered include: compensation, pension, education, home loan guaranties, and vocational rehabilitation. With 171 employees, we strive to provide quality service to the 242,000 veterans in our State (69,000 Vietnam era). We believe that we have been successful in providing quality service in that from time to time, operating elements in our office have been recognized for their excellent performance under the Department of Veterans Benefits evaluation system. Recently, the Inspector General completed a full scale audit of our Regional Office. I am pleased to advise you that no significant deficiencies for improvement were noted in the final report. Also, in terms of productivity and effectiveness statistical standards, our Regional Office consistently ranks at or near the top nationally.

We have seven operating divisions within the Regional Office. They are:

1. Adjudication Division processes applications, develops evidence, and makes decisions on claims for various benefits, authorizes the payment of awards, makes appropriate input to compensation, pension and education automatic data processing systems. We process approximately 180,000 pieces of active mail in the Adjudication Division each year. Current benefit statistics for Mississippi are as follows:

Veterans receiving compensation		22,798
Veterans receiving NSC pension		18,118
Widows receiving DIC		3,423
Parents receiving DIC		2,048
Children receiving DIC		935
Widows receiving death pension		14,841
Children receiving death pension		4,466
	TOTAL	66,629

Education currently in training:

Chapter 34		3,126
Chapter 35		684
Chapter 31		120
	TOTAL	3,930

2. Administrative Division provides support services to other Regional Office elements. These services include mail identification and delivery, establishment of records, file maintenance, control of forms and publications, telecommunication services, centralized transcribing and other services.

3. Finance Division administers a comprehensive and detailed accounting system for our operations. Finance also administers certain collection activities for the Regional Office. Total general operating expenses of the Regional Office in fiscal year 1983 will exceed $4.6 million. In an average month, the Jackson Regional Office distributes 62,680 compensation and pension awards averaging approximately $17.4 million to Mississippi veterans and their dependents. The average number of monthly educational benefit checks issued is 3,930 totaling $1.5 million. Since most of these dollars are spent within the State, the Regional Office is making a significant impact upon its economy.

4. Personnel Division provides service in all phases of personnel administration including recruitment, placement, training, and employee relations. Mr. Chairman, I am particularly proud that fifty percent of our employees are veterans. Vietnam era veterans comprise thirty-five percent of our workforce and seventy-two percent of our total veteran workforce. Fifteen percent of our employees have handicaps. We have four females who are veterans and four employees who are widows of veterans.

5. Loan Guaranty Division processes applications, develops evidence, and makes determinations relating to entitlement to home loan guaranty benefits. Economic conditions in recent years have had a significant impact on our loan guaranty operation. As the interest rate edges downward, we expect a substantial increase in our loan guaranty activity.

6. Veterans Assistance Division provides information and assistance to beneficiaries on veterans benefits. Veterans Assistance Division is our contact with the public which includes: operation of a statewide toll free telephone network; liaison with educational institutions, and an education compliance survey program; conducting field exams and supervising payments to beneficiaries under legal disabilities; and providing patient contact service at the VA Medical Centers in Jackson and Gulfport-Biloxi. In 1982, we received 202,724 telephone calls and conducted 3,844 personal interviews.

7. Vocational Rehabilitation and Counseling Division provides a full range of counseling, training, and vocational adjustment services. The complete revision of Chapter 31 benefits outlined in Title 1 of Public Law 96-466 has improved the Vocational Rehabilitation Program and assures that service connected disabled veterans receive the latest concepts and methods of rehabilitation, especially the most seriously disabled. The VR&C Division is making a maximum effort to identify veterans for the Pilot Project in Independent Living. We have one veteran currently in the project and three veterans recommended for the program. We have a fully functional Career Development Center operating on a part-time basis. The objectives of the Career Development Center are to provide disabled and other veterans with current career and job information using not only printed but also audiovisual materials. The Career Development Center provides direct placement contacts or appropriate referral for job placement assistance.

Mr. Chairman, within our Regional Office, we provide space and office facilities to a number of National and Veterans Services Organizations as well as the Mississippi State Veterans Affairs Commission. These offices and their staffs, under powers of attorney, provide advice and assistance to veterans and other beneficiaries in presenting claims to our agency. They provide a needed service to their members and non-members alike. I might add that they also provide to me and my staff the type of constructive suggestions for improvements in our operation which serves to improve overall service to our clients. The organizations and the officers in charge are listed below:

American Legion	Service Officers:	Chris Cates James Powell
American Red Cross	Field Director:	Charles Helmick
Disabled American Veterans	National Service Officer:	Gerald E. Humphries
Mississippi Veterans Affairs Commission	Director:	Frank Godwin
Paralyzed Veterans of America	Service Officer:	Harold P. Gregg, Jr.
Veterans of Foreign Wars	Service Officers:	Henry Faler Leonard Turner

Mr. Chairman, I would like to mention briefly our commitment under Public Law 97-37, "Former Prisoners of War Benefits Act of 1981." The Chief Benefits Director, Miss Dorothy Starbuck, is an Associate Member of the VA Advisory Committee on Former POW's and in such capacity functions as liaison between the agency and the Committee. In the Regional Office, we have appointed a rating board member in the Adjudication Division as POW Coordinator. This individual's function is to assure prompt and expeditious handling of claims by former POW's. We have been provided a listing containing 418 names of former prisoners of war for our state. The claims folders for these individuals have been identified with a special green POW tab. We have had several projects in recent years where we have reviewed all POW cases for possible entitlement or increases under Public Law 97-37. We also have increased our outreach to former prisoners of war. More than sixty personal and telephone interviews have been conducted with former prisoners of war.

The VA Film, "A Flag for POW's," has been shown to all employees and to all of the service organization representatives at the Regional Office. We have made VA Pamphlet 27-82-1, "Former Prisoners of War Benefits Act of 1981," available to all VA Medical Centers and all VA Regional Office interview locations. The pamphlet is also mailed to any caller who inquires concerning prisoner of war benefits. All Veterans Benefits Counselors are trained to be responsive and empathetic when contact is made with a former prisoner of war. We are committed to provide very special service to these very special veterans.

Mr. Chairman, this completes my statement. If there are any questions, I will be glad to answer them.

ATTACHMENT A

VA Regional Office, Jackson, Mississippi - Impact on Economy, Fiscal Years 1980-82 - Selected Veterans Administration Expenditures in Mississippi

	Fiscal Year		
	1980	1981	1982
Compensation	$ 95,293,821	$111,149,518	$120,161,071
Pension	79,321,236	84,167,540	89,105,587
Vocational rehabilitation Ch 31 (subsistence, tuition, supplies)	651,598	895,398	1,201,035
Educational assistance-Ch 34 (veterans readjustment) ...	18,631,582	17,930,362	14,376,134
Educational assistance-Ch 35 (widows and orphans, and wives and children of severely disabled veterans)	2,563,420	2,785,953	2,540,280
Insurance (dividends, indemnities)	11,430,730	12,826,658	12,327,585
Conveyances for disabled veterans (automobiles)	154,315	94,625	59,491
Housing for paraplegics ...	328,176	182,480	181,479
Direct loans to veterans ..	16,154	53,375	20,009
Total of benefits listed	$208,391,032	$230,085,909	$239,972,671

ATTACHMENT B

Veterans Benefits - Statistical Data for
Mississippi

	As of 9/30/81	As of 9/30/82	As of 2/28/83
Veteran population in MS (approximate)	241,000	242,000	242,000
Total active compensation and pension cases (live and death)	64,803	66,275	62,680
Number of payees	92,474	89,128	88,393
Live (total)	41,999	41,201	40,916
Compensation (S3)	22,794	22,819	22,798
Pension (old law)	198	171	165
Pension (P.L. 95-588)	8,488	9,047	9,104
Pension (SEC 306)	10,519	9,164	8,849
Death (paid to beneficiaries) (total)	22,804	21,929	21,764
Compensation (SC)	5,289	5,216	5,197
Widows	3,368	3,424	3,423
Children	1,038	944	935
Parents	2,229	2,085	2,048
Pension (old law)	367	333	322
Widows	366	332	321
Children	5	5	5
Pension (P.L. 95-588)	4,539	5,077	5,185
Widows	4,504	5,044	5,153
Children	542	538	542
Pension (SEC 306)	12,609	11,303	11,060
Widows	10,549	9,565	9,367
Children	5,070	4,061	3,919
Average total monthly benefits	17,365,919	19,173,825	19,997,723
Veterans and servicemen in education and training under G.I. bill (Chapter 34)	7,775	3,766	3,126
College level	5,445	2,893	2,268
Below college level	1,598	561	779
Apprenticeship and OJT	364	141	79
Flight training (included in below college level)	368	171	9
Vocational rehabilitation (Chapter 31)	212	138	120
Wives, widows and children (Chapter 35)	1,262	756	684

STATEMENT OF MR. JOSEPH B. "JOE" ADCOCK
TEAM LEADER
JACKSON, MS. VET CENTER #306

During the period of October 1, 1982 through February 28, 1983 (5 months) 293 new Veterans were seen for an average of 58.6 per months. This compares with 815 or 27.2 per month seen during the 30 month period prior to October 1, 1982. This represents a 215% increase in new veterans being seen per month. There were 1,539 visits from October 1, 1982 through February 28, 1983 for an average of 307.8 per month. This compares with 2,954 visits or 98.5 per month for 30 months prior to October 1, 1982. This represents a 312% increase. For the past 5 months the Center has ranked in the top 5 of 18 Centers in the Southeastern Region in terms of productivity. These figures do not reflect work related to fee provider referred Veterans or work with Veterans from other Eras.

HIGHLIGHTS OF OUTREACH ACTIVITIES

During the past year the Vet Center Team developed ongoing relationships with 36 human services, court, and law enforcement agencies including training with the Jackson, Mississippi Police Department Hostage Negotiation Team on the Special Needs of Vietnam Veterans. As a result a plan was developed whereby the Vet Center Team, the Chief of Psychiatry and the Vietnam Stress Management Project Team at the Jackson VA Medical Center will provide technical assistance to the Negotiation Team in hostage/barricade situations involving Vietnam Vets.

To ensure that mental health professionals gained an understanding of the special needs of Vietnam Vets the Vet Center Team and the Chief of Psychology along with the staff of the VA funded research project on Behavior Therapy in the Treatment of Post Traumatic Stress Disorder (PTSD) in Vietnam Veterans presented six (6) four-hour inservice training workshops. These were presented to 150 mental health professionals from four (4) Community Mental Health Centers and all of the professional staff at East Mississippi State Psychiatric Hospital in Meridian, Mississippi. The workshop was titled "The Plight of the Vietnam Veteran: A New Perspective."

SPECIAL NEEDS OF DISABLED VETERANS

The team has almost daily contact with the local Disabled American Veterans (DAV) staff. A weekly average of five (5) Veterans are mutually referred by DAV and Vet Center. In addition one of the Outreach Specialists, who is a combat Vet who sustained bilateral amputations of both hands and is blind, daily screens Vietnam Veterans who are admitted to the Jackson VA Medical Center and who are medically stable enough to be interviewed.

SPECIAL NEEDS OF WOMEN VETERANS

There are presently nine (9) female Veterans in the caseload. Limited outreach activities have been conducted. On the other hand local Vet Center policies have been developed and training provided to guide the staff in meeting the special needs of the female Veteran. The Team's secretary is a female Vietnam Era Vet and is currently training to be a telephone crisis worker.

FEE PROVIDER CONTRACTS

Currently six (6) contracts have been awarded to Mental Health Centers in Greenwood, Greenville, Vicksburg, Meridian, Brandon, and Hattiesburg. As of February 28, 1983, 140 Veterans have been authorized to receive services and 105 have been served. This concept is worthwhile, allowing Veterans to be served in or close to their home communities. At the same time some areas of concern exist. The requirement to have Vet Center Counselors approve treatment plans results in at least 20% of their time being taken away from clinical responsibilities with Vets being seen at the Center. At present the Center is meeting this demand, but it is doubtful the Team can maintain this responsibility over the long run in view of other workload demands. Another concern is monitoring the quality of services. On-site monitoring of case records at least annually is considered essential to ensuring quality. However, with the current resources and staffing levels this too becomes burdensome.

SERVING VETS FROM OTHER ERAS

On October 22, 1982 the Team Leader was invited to address the County Veterans Affairs Officers at their annual statewide meeting. Several WWII and Korean Vets were visibly shaken and some cried as he presented the conditions underwhich many troops fought, the unpleasant welcome home, and the adjustment problems many are now having. One of them met him afterwards with tears in his eyes saying, "Mr. Adcock, you fellows must learn how to deal with the nightmares and flashbacks now. I'm 66 years old and it's too late for me. I still see those battle scenes and hear the screams. I have not been able to stop them." He further stated that no one had ever talked to him about these problems before. Further, these Veterans don't talk about this for fear of being labeled "crazy" yet these are normal responses to the abnormal experience of combat. The Vet Center concept of care provides a low key setting free from the stigma associated with the traditional mental health facility.

During his professional career, the present Team Leader has treated combat Veterans from WWII, Korea and Vietnam. Although the degree varies, there is a consistency among Vets from all wars in signs and symptoms related to the aftermath of combat. Flashbacks, nightmares, emotional numbing, social isolation, severe depression, alcohol abuse to manage the trauma, are but a few.

As you know, Mr. Chairman, the VA, through its Readjustment Counseling Program is not authorized to counsel Veterans unless they served in the active military between August 4, 1964 and May 7, 1975. However, we have not refused them service when they approached us for help. We offered immediate psychological intervention and arranged for them to be seen at either our parent VA facility or mental hygiene clinic for appropriate and continued care as outlined in Title 38, U.S. Code.

PROGRAM SHUTDOWN - WHAT IF?

There are presently 425 active cases. In the last 5 months 765 new and old clients were seen for an average of 153 per month. The average number of visits made by these Vets per month was 308. This does not include visits by Vets from other Eras. The outpatient mental health programs at the VA Medical Center would have extreme difficulty in meeting this demand due to current workloads. The majority of these Vets would not be served or would experience severe delays in service unless the Medical Center Program is strengthened.

TYPE OF PROBLEMS BEING SEEN

At least 46% of the Vets seen either have Post Traumatic Stress Disorder (PTSD) or are suspected of having it. At least 25% have moderate to severe PTSD and will require extended care beyond 60 days and some for years to come. Approximately sixty (60) per cent are unemployed. Thirty five (35) per cent of the cases involve alcohol abuse usually as self medication especially where PTSD is present. Domestic violence is a problem in at least 15% of the cases. At least 35% are severely depressed.

SUPPORT FOR CONTINUED VA FUNDED RESEARCH ON COMBAT RELATED POST TRAUMATIC STRESS DISORDER (PTSD)

Some of the current research at the Jackson VA Medical Center endeavors to validate the PTSD diagnostic criteria contained in the Third Edition of the *Diagnostic and Statistical Manual of Mental Disorders*. It also seeks to develop and validate reasonable assessment procedures. More importantly it is developing and evaluating treatment procedures including testing of treatment outcomes. Preliminary results indicate the diagnosis and treatment methods being evaluated are valid and reliable. Several other VA Medical Centers have adopted the program of assessment and treatment and are achieving similar results. The Jackson Vet Center Team, as practicianers, strongly supports continuation of this research as a means of developing and refining the assessment and treatment approaches the team and other like it utilize to treat combat related PTSD.

BRIEF
BIOGRAPHICAL SKETCH
OF
JACKSON, MS
VET CENTER #306 STAFF

J. B. "JOE" ADCOCK - Team Leader: Combat Veteran of Vietnam as an Officer with U.S. Marine Corp. Master's Degree in Rehabilitation Counseling and 3 courses short of a second Master's degree in Public Administration. Work Experience: 1 year as a Teacher with Polk County Schools in Bartow, Florida. 4 years as Counselor and Administrative Assistant with Office of Vocational Rehabilitation in Bartow, Florida. 2 years as Treatment Specialist with Tri-County Mental Health Alcoholism Program in Avon Park, Florida. 4½ years a Director of Alcohol and Drug Services at Region 2 Mental Health Center Oxford, MS. Team Leader with Vet Center since February, 1982.

HILLIARD A. CARTER - Outreach Specialist: Disabled combat Veteran of Vietnam. Medically retired from the Army. Master's Degree in Rehabilitation and Counseling Psychology. Work Experience: 3 years as Drug and Alcohol Counselor at Hines VA Medical Center, Chicago, Ill. 3 years as Outreach Specialist at the Vet Center, Jackson, Mississippi.

JORGE M. WILKES - Outreach Specialist: Combat Veteran of Vietnam - 3 tours. Retired from the Navy. Master's Degree in Counseling Psychology. Work Experience: 2 years as Counselor with Veterans at University of Mississippi, Substance Abuse Therapist at DePaul Hospital, a private psychiatric hospital in New Orleans, LA. Intern in Counseling Psychology with VR&C at VA Regional Office, Jackson, MS. Outreach Specialist at Vet Center since May, 1982.

OLLIE McCLENDON - Outreach Technician: ERA Veteran serving in the Army in Okinawa. Attended Jackson State University for 3 years. Work Experience: 2 years as Teacher Assistant at Jackson, Mississippi Public Schools. 8 years as a Psychiatric Nursing Assistant at Jackson VA Medical Center. 3 years as Outreach Technician with the Vet Center.

ANNIE P. GRANTHAM - Secretary: ERA Veteran serving in the Army in Germany. High School degree. Work Expereince: 7 years in U.S. Army as Clerk Typist. Secretary with the Vet Center since April, 1982.